

## U.S. Department of Education

### Dominican Republic: Redetermination of Comparability

Prepared October 2011

#### **Background**

In October 1997 the National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined that the accreditation standards used by the Dominican Republic to evaluate medical education programs leading to the M.D. or equivalent degree were comparable to standards of accreditation used to evaluate medical education in the United States. The NCFMEA reaffirmed its prior determination of comparability in March 2004.

Subsequent to the March 2004 meeting, the NCFMEA has requested reports from the country regarding various issues of concern. Most recently, at its fall 2008 meeting, the NCFMEA requested a report from the Dominican Republic on two outstanding issues: collection and analysis of student outcome measures, and data regarding student retention. The Committee reviewed the country's response to these two issues at its spring 2009 meeting when the country testified regarding its ongoing effort to obtain these data, which they were not able to provide in spring 2009.

NCFMEA meetings were subsequently held in abeyance pending reappointment of the Committee members. The Department requested that the Dominican Republic submit a petition for continued comparability for review at the Committee's spring 2011 meeting. The country's submission is the subject of this staff analysis.

#### **Summary of Findings**

Based on the information provided, there is no evidence of any major change in the standards and processes of the Dominican Republic that were last determined to be comparable by the NCFMEA in March 2004. However, as detailed in the following sections, more information and documentation is needed regarding the country's accreditation of medical education.

More information is needed, for example, regarding the role of medical schools' faculty in admissions, curricula, and hiring decisions; the processing of student complaints; and the agency's evaluation of private institutions' finances. It is also unclear whether the MESCyT plans to establish any standards or procedures to assess medical programs with respect to graduation rates.

Department staff is particularly concerned with information documenting the country's conduct of comprehensive site visits to medical schools and procedures for consistent decision-making. The country has attached documentation that includes policies and procedures used by an accrediting agency in the United States as evidence of the processes used by the MESCyT, raising questions regarding the integrity of the documents the country has submitted. In light of the inconsistent information, Department staff is not clear what written procedures the MESCyT uses to assess medical education, or its requirements for the qualifications of evaluators, decision-makers, and policy-makers.

### **Staff Analysis**

## **PART 1: Entity Responsible for the Accreditation/Approval of Medical Schools**

### **Section 1: Approval of Medical Schools, Question 1**

#### **Country Narrative**

Yes the designated body responsible for evaluating the quality of medical education in the Dominican Republic is:

Ministerio de Educación Superior Ciencia y Tecnología (MESCyT), (Ministry of Higher Education, Science and Technology) approved by the Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) (National Higher Education Council, Science and Technology) and the country's accrediting agency under MESCyT)

This body has clear authority to accredit and approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

#### **Analyst Remarks to Narrative**

The country has provided a copy of its authorizing law that delegates the authority for approving and denying the operation of medical schools to the Secretariat of State for Higher Education in Article 35 of Chapter IV of the law. (The entity is now referred to as the "Ministry of Higher Education, Science and Technology, please see attachment below.) Article 36 further outlines the structure of the authorizing body to be constituted by The National Board for Higher Education, Science and Technology (CONESCT), to be the highest governing body in the system. Section h) of Article 38 outlines CONESCT's authority to "Agree(ing) to the suspension, intervention, or final closing of any higher education, science and technology institutions under the provisions of this law;" this is followed by section i) which states that CONESCT will, "Draft(ing) by

mutual agreement with higher education, science and technology institutions such general guidelines as will serve as a basis for their evaluation."

CONESCT is constituted by two primary subcommissions: A National Higher Education Sub-commission, and A National Science and Technology Sub-commission. The Secretary of State for Higher Education, Science and Technology and three Under Secretaries constitute the executive body for CONESCT. The Secretary of State for Higher Education is charged under sections n) and n~) respectively, of Article 39 with, "Submitting to approval by CONESCT any applications for the organization of new higher education, science and technology institutions under such rules as are provided therefore; and Submitting to approval by CONESCT any requests for suspension, intervention or final closing of any higher education, science and technology institutions."

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### **Section 1: Approval of Medical Schools, Question 2**

#### **Country Narrative**

Yes, they do

#### **Analyst Remarks to Narrative**

Department staff verified that Chapter V of Law 139-01 on Higher Education Science and Technology, provides for the creation, organization, operation and closing of higher education institutions. Article 43 states that, "In order to establish a higher education institution as well as any extension to any as were already in operation, any interested entity apply for authorization to the Secretariat of State for Higher Education, Science and Technology. Any such application shall be forwarded together with any documents as were prescribed under any regulations that were issued by CONESCT therefore."

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### **Section 1: Approval of Medical Schools, Question 3**

#### **Country Narrative**

The president of the Dominican Republic and the Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) (National Higher Education Council, Science and Technology) have the authority to force closure.

#### **Analyst Remarks to Narrative**

Department staff verified that Chapter V of Law 139-01 on Higher Education, Science, and Technology authorizes CONESCT as the entity to force closure of higher education institutions. CONESCT is delegated this authority from the country's education ministry.

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## **Section 2: Accreditation of Medical Schools**

### **Country Narrative**

Yes, The Accreditation and Medical Education Department who in turn provides its report and recommended action(s) to Consejo Nacional de Educación Superior, Ciencia y Tecnología (CONESCyT) for their final determination.

### **Analyst Remarks to Narrative**

Department staff verified that CONSESCT is the entity that conducts evaluations of each higher education institution in order to confirm the school's compliance with a defined set of standards for operation as provided for in Chapter V of the authorizing law.

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## **Part 2: Accreditation/Approval Standards**

### **Section 1: Mission and Objectives, Question 1**

#### **Country Narrative**

The most formidable task confronting higher education is to articulate the triple relationship that relates to the mission of the university, the specific needs of the university's social, economic, and cultural environment, and the characteristics of a rapidly changing world. The university is an institution that seeks truth through the development of knowledge. It must be ideally committed to scientific and technological advancement of society as well as to its material and spiritual development. The university must also fulfill its fundamental role in shaping the human resources necessary for social development and its responsibility to help solve social and cultural problems. It is required to open itself to all areas of knowledge and thought without neglecting or underestimating possibilities. This institution, above others, must recognize the universal value of debate for the development of humankind, science, art, and culture.

The universities of the Dominican Republic must serve this public interest. A Medical School must fulfill the needs of the society it serves. Therefore it is required that it's mission assures the commitment to provide the means to fulfill it's mission, improve society, serve humankind and to insure present and future well being of our citizens. The New World's oldest university is in the Dominican Republic. We are the cradle of all higher education activity and as such it is also our understanding and mission that make our education available to any citizen of any country who wishes to improve his knowledge, to educate himself, to forge forward in its quest for advancement and the fulfillment of his God given vocation.

Yes. See Exhibit 2, Chapter 7 and 8 present our norms (standards) for the approval of medical schools in the Dominican Republic that clearly require that medical school missions must serve the public interest and its educational objectives must contribute to the school's mission

### **Analyst Remarks to Narrative**

Section c) of Article 72 of the authorizing law states that evaluations by the Secretariat of State for Higher Education, Science and Technology (SEESCT) shall "ensure that higher education shall provide responses to the demands and needs for developing human resources." Article 75 also states that, "Any evaluation by SEESCT shall take into consideration such mission, goals and the model as were expressly assumed by an institution." Finally, section c) of Article 44 of Chapter V of the authorizing law states that SEESCT will consider, "consistency and degree of coherence of any academic regulations and such mission, purposes and ends as were defined by the institution." The country has offered its interpretation of these three provisions in its narrative.

The country's requirements for medical schools to have an educational mission that serves the public interest appear to be comparable with standards for U.S. medical education.

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## **Section 1: Mission and Objectives, Question 2**

### **Country Narrative**

Our country has requirements that relate to how medical schools must prepare graduates to qualify for licensure and to provide competent medical care. They are included in our Norms (standards) for the approval of medical schools in the Dominican Republic.

In general terms:

The Medical School is responsible for designing a curriculum that will enable the student to learn the fundamental principles of medicine. to acquire critical thinking skills based on evidence and experience. and develop the capacity to use principles and abilities wisely to solve health problems and diseases.

The curriculum should include basic medical sciences, a variety of clinical disciplines, and ethical, behavioral and socioeconomic subjects relevant to medicine.

It should be designed in such a way that it incorporates the scientific concepts that are essential to medicine.

Laboratory courses and/or practice will be clearly defined in the program

The duration of a Program will never be less than 5 years (270 weeks).

Programs will be stated by course, time for completion, theory, laboratory, practice and hospital requirements.

The requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations are enclosed in Exhibit 2.

### **Analyst Remarks to Narrative**

Chapter III of Law 139-01 outlines the requirements for higher education institutions that prepare individuals to be physicians. The law states that the nature and courses taught at the grade level leading to the physician's degree is regulated by the National Board for Higher Education, Science and Technology. Article 33 stipulates that institutions shall have, "academic, administrative and institutional autonomy," to include such powers as, defining their governing bodies; managing their assets; organizing higher technical grade and graduate levels of study; drafting and developing curricula; awarding academic degrees in accordance with the provisions of law; teaching courses; implementing a system of faculty hiring and promotion; setting up a system of admission and promotion of students; developing projects; and forging relationships with other entities.

Chapter IV of the Law further specifies that the quality of higher education for science and technology institutions must be assessed in accordance with the human resources taking part in the system, the inputs, processes and results, managerial and academic leadership, the resources for continuous development, and the credibility of the institutions. According to Article 62, quality is also measured by an institution's curricular orientation, profile of its graduates, and the appropriateness of its scientific and technological contributions.

Department staff also verified the general provisions outlined in the country's standards are provided for in greater detail in the country's standards document. This document was provided by the country subsequent to its original submission, and is attached below.

The country's requirements for preparing graduates to qualify for licensure and to provide competent medical care are comparable to standards for U.S. medical education to the extent that faculty define and adopt the objectives of a medical program. Faculty also assess student progress and CONESCyT evaluates a medical school's retention rate as one measure of a school's success. However, the country does not have a licensing exam and it is not clear what other outcome-based measures the country uses to evaluate how medical schools prepare graduates for providing competent medical care. Further, more information is needed regarding the medical school faculty's role in evaluating the effectiveness of the educational program.

### **Country Response**

The country standards document was provided by the country subsequent to its original submission because the electronic system for some reason did not send the document with the application. It was promptly sent as soon as we were made aware it was missing.

After completing all the requirements of the medical program, the graduate receives his degree as a Doctor of Medicine. To be awarded a medical license and receive national authorization to practice medicine, a medical internship for one year at the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate his medical competency during their training.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES). Usually about 1% do not complete the process.

Once the year of medical internship is completed satisfactorily, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic. If the graduate is found not to be competent he is denied a license.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, art. 47, Chapter VII the MESCYT establishes, the mechanisms which Medical Schools must follow (inclusion of professors, university administrative

personnel) to ensure the quality and effectiveness of the programs.

This internal evaluation should include the effectiveness of the teaching learning processes with respect to the field of study and coherence in the syllabus, among other aspects. They must also be an integral part of the revision and evaluation process of the university

(See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, art. 47).

### **Analyst Remarks to Response**

The agency has described a National Medical Internship Exam in its narrative as an example of an outcome-based measure it uses to evaluate how medical schools prepare graduates for providing competent medical care. It appears from the country's narrative, that individuals are issued the exam after completion of their studies, but prior to the internship. The country states that it requires a 60% passage rate on the exam, and if schools fall below that benchmark, the agency conducts an evaluation process of the medical school.

The country references a set of internship laws in its narrative, and has attached the applicable laws elsewhere in its response under Part 1, Section 1, Question 2. However, Department staff could not verify the country's process regarding the issuance and use of the data from the internship exam.

Staff Conclusion: Additional Information requested

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## **Section 2: Governance, Question 1**

### **Country Narrative**

Yes,

- a. It must be a duly authorized Higher Education entity.
- b. It must meet the requirements stated in the Norm (standards) for the approval of medical schools in the Dominican Republic. This document includes all the requirements that must be met before a medical school can begin operations.

### **Analyst Remarks to Narrative**

Department staff verified that Chapter V of Law 139-01 on Higher Education Science and Technology, provides for the creation, organization, operation and closing of higher education institutions. Article 43 states that, "In order to establish a higher education institution as well as any extension to any as were already operation, any interested entity apply for authorization to the Secretariat of State for Higher Education, Science and Technology. Any such application shall be forwarded together with any documents as were prescribed under any



regulations that were issued by CONESCT therefore."

The country subsequently submitted the document attached below as its standards for the approval of medical schools in the Dominican Republic. The document sets forth requirements for medical schools to be legally authorized to provide a program of medical education. Page 4 of this document states that the country requires schools of medicine to be part of a university that is recognized by the Ministry of Higher Education, Science and Technology (MESCyT). In order to operate and grant degrees of Doctor of Medicine, the schools must also be accredited by the Commission. (The document does not specify which Commission conducts the accreditation.)

In addition to this, other requirements for medical schools include the following:

- Mission and objectives
- Admissions and graduation requirements
- Curriculum
- Assessment
- Resources
- Clinical facilities
- Administrative academic structure
- Student services
- Program evaluation and graduate monitoring
- Statistics
- Biosafety rules
- Confidentiality

The governance and accountability structure appears to be comparable to that of the U.S.; the Ministry of Education has ultimate authority for medical education in the Dominican Republic.

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## **Section 2: Governance, Question 2**

### **Country Narrative**

Yes they are. All Medical Schools are accountable to MESCyT and CONESCyT. These are the agencies who will determine if the Medical School is fulfilling or not its mission or whether or not it is complying with the standards of Higher Education, Science and Technology, its rules and/or regulations. It has the power to withdraw authorization or accreditation from any Medical School that does not meet the standards.

The requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations in Exhibit 2

### **Analyst Remarks to Narrative**

The authorizing law makes clear the authority of MESCyT (formerly the SEESCT) and CONESCT to ratify applications for the creation, organization, and operation of higher education institutions.

The governance and accountability structure appears to be comparable to that of the U.S.; the Ministry of Education has ultimate authority for medical education.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 1**

#### **Country Narrative**

See Exhibit 2. This is found in our norms (standards) for the approval of Medical Schools in the Dominican Republic in Chapter 19, Academic and Administrative Structure. We quote:

“The Higher Education entity to who owns a Medical School must be headed by regents or some other higher administrative organism. “

“The school must have an organizational structure as presented in its organizational chart represented by deans, directors, coordinators and other important members needed by the institution. There should be a document that clearly presents the structure and organization of the school, the responsibilities of its employees and their rights.

The final authority and responsibility for the medical school as a whole lies with its Board of Directors. The members of the Board of Directors should be individuals with no financial interest or other conflict of interest in the administration of the school, its associate hospitals or any related company. The tenure of its Directors should be superposed and long enough to allow the members to have thorough knowledge of the School's programs to develop the school's policies and the community.

The final authority and responsibility for the administration of the medical school lies with its Medical School Director or Dean. They should be individuals with no financial interest or other conflict of interest in the administration of the school, its associate hospitals or any related company.

A medical school must be a component of the university with other programs that confer professional degrees. Any university environment should stimulate intellectual challenge, research spirit, search for new knowledge and permanent learning habits.

The school's administration is to be exercised by a Dean or School Director. The director must have the following qualifications in order to head the school.

A Medical Doctor, a professional of recognized standing, respected and recognized for his leadership in the community he serves.

Experienced and proven capacity to head a medical school. Must be a full time employee of the school.

Have a clear mandate to head the school.

The Dean must have free access to the chabcellor of the university, and to those other university officials as are necessary to meet the responsibilities of the Dean.

When determining the most effective organization, emphasis should be placed on the importance of effective relations among the members of the faculty relating to pre med education basic sciences and clinical sciences and continuing and graduate education. The chief officer of the medical school should consider the commitments of the members of the faculty who have multiple responsibilities, to insure the appropriate resources for every educational program.

These requirements are included in Law 139-01 of 2002 (Exhibit 1) and our regulations are enclosed in Exhibit 2.

### **Analyst Remarks to Narrative**

Chapter 19 of the country's standards state that the institution to to which the school of medicine belongs should be governed by a higher organization. Schools of medicine must present their organization structures to the accrediting commission and the Dean or Principle of the School of Medicine is responsible for the school.

The standards stipulate that the Dean or Principle must be a respected physician with leadership within the medical community, have knowledge and expertise in medical education, and access, and trust of, the University's Rector.

The administrative personnel and authority structure appears to be comparable to that of the U.S.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 2**

#### **Country Narrative**

The school's administration will be exercised by a Dean or School Director.

Must have a clear mandate to head the school.

The school will have a clearly defined organizational structure and stated in graphic presentation, integrated by a Board of directors, Dean/School Director, Supervisors. Coordinators, Department Heads, members, or its equivalent.

There should be a document that clearly presents the structure and organization of the school, the responsibilities of its employees and their rights.

Deans directors, administrators and academic personnel participate in the process of establishing the school's budget.

### **Analyst Remarks to Narrative**

Chapter 19 of the standards document stipulates that medical schools demonstrate that the medical school Dean have access and trust to the university's Rector.

The administrative personnel and authority structure appears to be comparable to that of the U.S.

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### **Subsection 3.1: Administrative Personnel and Authority, Question 3**

#### **Country Narrative**

The Dean must have free access to the university chancellor and/or president, and to those other university officials as are necessary to meet his responsibilities as a Dean.

When determining the most effective organization, emphasis should be placed on the importance of effective relations among the members of the faculty relating to pre med education, basic sciences, and clinical sciences and continuing and graduate education. The chief officer of the medical school should consider the commitments of the members of the faculty who have multiple responsibilities, to insure the appropriate resources for every educational program.

See Exhibit 2, Chapter 4, section 5 states that the dean or school director has the responsibility to implement and supervise the school's institutional and development plan

Chapter 19 presents the criteria for the academic and administrative structure. It presents the requirements for a Medical School dean or director as well as other officers. Medical School administration will be the responsibility of the dean or medical school director. This chapter also presents the criteria for access and trust that required.

### **Analyst Remarks to Narrative**

Chapter 19 of the standards document stipulates that medical schools demonstrate that the medical school Dean have access to, and trust of, the university's Rector.

The administrative personnel and authority structure appears to be comparable

to that of the U.S.

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### **Subsection 3.2: Chief Academic Official, Question 1**

#### **Country Narrative**

See Exhibit 2, Chapter 19 presents the criteria for the academic and administrative structure officers. The school's administration is to be exercised by a Dean or School Director. The director must have the following qualifications in order to head the school.

A Medical Doctor, a professional of recognized standing, respected and recognized for his leadership in the community he serves.

Experienced and proven capacity to head a medical school. Must be a full time employee of the school.

Have a clear mandate to head the school.

The school will have a clearly defined organizational structure and stated in graphic presentation, integrated by a Dean/School Director, Supervisors, Coordinators, Department Heads. members or its equivalent.

#### **Analyst Remarks to Narrative**

The standards stipulate that the Dean or Principle must be a respected physician with leadership within the medical community, have knowledge and expertise in medical education, and access and trust to the University's Rector.

The requirements for the chief academic official appears to be comparable to that of the U.S.

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### **Subsection 3.2: Chief Academic Official, Question 2**

#### **Country Narrative**

Each university must define the process they use to select their chief academic official of the medical school. This is found in Exhibit 2, Chapter 19 of the norm (standards) for the approval of medical schools in the Dominican Republic. Schools are required to develop a manual that includes organization, structure, responsibilities, missions and privileges of administrators, school officers, faculty and students as well as different committees.

#### **Analyst Remarks to Narrative**

Chapter 19 of the standards requires schools to present a manual that demonstrate its organizational structure. The standards do not specify the selection process by which medical schools hire the chief academic official, but only stipulate general characteristics of the chief academic official.

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### **Subsection 3.3: Faculty**

#### **Country Narrative**

See Exhibit 2, Chapter 15 of the norm (standards) for the approval of medical schools in the Dominican Republic. It states the criteria for faculty participation in the admissions process.

Chapter 19 states that faculty must participate in the development of the curriculum. They participate in curriculum development.

Our accrediting agency adds to these two elements the requirement of faculty participation in the hiring process, faculty retention, promotions and peer disciplinary action.

#### **Analyst Remarks to Narrative**

Chapter 19 of the country's standards document specifies that faculty are responsible for developing the curriculum and establishing the progress of students.

It is not clear from the documentation, what role the faculty play in the hiring, retention, promotion, and discipline of faculty. The country must provide more information supported by documentation that specifies what role faculty play in the hiring, retention, promotion, and discipline of faculty.

#### **Country Response**

The MESCYT, in its Regulations for Institutions of Higher Education, (IES), Chapter IV, article XIX, requires universities to have Regulations with explicit procedures for hiring, retaining, promoting, and disciplinary actions. Faculty participation is required as part of the regulation.

(See Regulations for Institutions of Higher Education (IES), Chapter IV, Article XIX, (Regulations for IES Professors).

#### **Analyst Remarks to Response**

The country has provided a set of regulations that it describes in its narrative as requiring universities to have explicit procedures for hiring, retention, promotion, and discipline of faculty.

The applicable section of the regulations state that the institution must provide to the MESCyT, among other items, its teachers' regulations; it does not appear that the country has cited the applicable section in its narrative. Chapter VII of the attached regulations, however, appears to apply to university faculty. Under Article 51, the regulations state that each institution must establish criteria for the selection, promotion, and recruitment of faculty. The written regulation does not prescribe what role faculty play in the hiring, retention, promotion, and discipline of faculty.

More information is needed regarding faculty members of medical schools participation in decisions related to admissions, the curriculum, and the hiring, retention, promotion, and discipline of faculty.

Staff Conclusion: Additional Information requested

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### **Subsection 3.4: Remote Sites**

#### **Country Narrative**

Medical programs are divided into three components, Basic Science, Clinical Science and Internship. The only portion that is allowed to be taught outside of the medical school facilities is the internship component. This takes place at different hospitals. These are geographically separated since they are not within the medical school facilities. Pre Medical program is a bachelor's degree level program which is a separate level though it is part of our medical program. Premedical programs, under certain circumstances may be authorized at different branches of the school as it is customary in the United States.

#### **Analyst Remarks to Narrative**

Chapter 18 of the standards document states that schools are responsible for components of the program carried out within the premises or establishments geographically separated from the central university campus, and that these sites will be overseen by MESCyT.

The country's requirements for remote sites appear to be comparable.

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### **Subsection 4.1: Program Length, Question 1**

#### **Country Narrative**

The medical program in the Dominican Republic must have a minimum duration of five years. (260 weeks) During this time the student must approve a minimum of two hundred semester credits.

### **Analyst Remarks to Narrative**

As stated in the country's narrative, the program length of five years and credit hour requirements are outlined in Chapter 12 of the standards document.

The country's requirements for program length appear to be comparable to that of U.S. medical education.

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### **Subsection 4.1: Program Length, Question 2**

#### **Country Narrative**

Not Applicable

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### **Subsection 4.2: Curriculum, Question 1**

#### **Country Narrative**

Basic Sciences is the second level of studies in a medical program. This level of studies will contain those courses known or identified as medical basic sciences. The primary objective of this period of instruction is to provide the student with the basic and/or general skills and knowledge to recognize the usual, the unusual, organic, non-organic, as well as health problems and the means to prevent them. Students are required to have a 2.5 minimum average to be accepted to the medical program.

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory



service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as outlined under this section.

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## **Subsection 4.2: Curriculum, Question 2**

### **Country Narrative**

The primary objective of this period of instruction is to provide the student with the basic and/or general skills and knowledge to recognize the usual, the unusual, organic, non-organic, as well as health problems and the means to prevent them.

See Exhibit 2. Basic sciences should include Anatomy, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, Pathology, Pharmacology and Therapeutics, Microbiology and Parasitology, Physiopathology, Behavioral Sciences, Public Health, Biostatistics, Preventive Medicine, Epidemiology, Image Diagnostics and Semiology.

Instruction in these basic sciences should include laboratory and other practical exercises that facilitate the capacity to make precise quantitative observations of the biomedical phenomena and critical analysis of the data, which are considered essential for the doctor's formation.

The requirement is included in our regulations are enclosed in Exhibit 2, of our Norm (Standards)

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as outlined under this section.

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## **Subsection 4.2: Curriculum, Question 3**

### **Country Narrative**

Instruction in these basic sciences should include laboratory and other practical exercises that facilitate the capacity to make precise quantitative observations of the biomedical phenomena and critical analysis of the data, which are considered essential for the doctor's formation.

As a minimum our medical schools in the Dominican Republic are required the following laboratories.

1. Physiology and Pharmacology
2. Histology
3. Pathological Anatomy
4. Microbiology and Paracitology
5. Human Anatomy
6. Biochemistry
7. Genetics

Laboratories will be so designed that they will be able to provide the demonstrations, procedures and practice. The Republic suggests the use of simulators and appropriate software where possible. Each laboratory is required to have a procedures manual describing procedures, safety measures, emergencies etc. Students will be made aware of the content of these manuals.

These requirements are found in Exhibit II, Chapter 13, 13.5.

### **Analyst Remarks to Narrative**

The country's requirements for basic sciences are outlined in Chapter 13 and states that the main objective of this stage is to, "assist students to acquire general and basic knowledge, and tools of the usual, unusual, organic, non-organic knowledge, as well as the mechanisms of disease and prevention."

Training includes laboratory work and practical exercises in the following content areas: anatomy, molecular biology, biochemistry, embryology, histology, physiology, genetics, immunology, pathology, behavioral sciences, public health, preventive medicine, epidemiology, semiology, doctor-patient relationship, pathophysiology, pharmacology, therapeutics, and basic life support.

The country's curriculum requirements appear to be comparable to that of U.S. medical education. However, though the country answered the question above, more information is needed in the context of NCFMEA standard (f) under this section. Elsewhere the country referred to a one-year post-graduate obligatory service to the state; the country must also provide information regarding opportunities for medical students to participate in service-learning activities as

outlined under this section.

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### **Subsection 4.3: Clinical Experience, Question 1**

#### **Country Narrative**

The main objective of this level is to initiate the student in the required knowledge, practices and problem solving techniques that present themselves throughout the practice of medicine. Training will include direct, on hand experiences involving patient care under the direct supervision of the medical school's instructors.

Dominican Medical Schools are required have agreements with our national hospitals and health centers that guarantee its students their rotations in actual working conditions. During this time the students must be receiving instruction and evaluation from qualified university personnel. These hospitals and health centers must be previously approved and accredited for this purpose by our MESCyT Medical Department.

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. The student must be guaranteed an active participation at all times in all hospital procedures.

This level should also include public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, Prevention, Socioeconomic factors pertaining to health and disease.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency, chronic, continuous, preventive medicine and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

Clinical Sciences is divided into two stages: Pre Internship and Internship,

#### **A. Pre-Internship**

During period of training will never be less than one calendar year. The student will receive instruction in theory, laboratory and practice of all courses pertaining to this level of training. Besides theory the student will be initiated in hospital practice as a pre-intern.

Minimum subject content is as follows:

Internal Medicine:

Cardiology, Neurology, Endocrinology, Hematology, Neonatology, Infectious, Radio diagnostics, Nephrology, Rheumatology, Gastroenterology and Image Diagnostics, Psychiatry, Oncology-Clinical Hematology.

Surgery:

General and Vascular Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otorinolaringology.

Psychiatry:

Gynecology and Obstetrics

Pediatrics and Neonatology

During Pre-Internship the student will receive a minimum 32 weeks of actual hospital assistance experience.

B Internship

The student will rotate during his internship through the following areas:

Internal Medicine

12 weeks

Surgery 10 weeks

Pediatrics 8 weeks

Psychiatry 6 weeks

Gynecology and Obstetrics 8 weeks

Family [Social Medicine) 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

The total time required for clinical sciences is 84 weeks. Pre internship is 32 weeks and internship is 52.

See Exhibit II, Chapter 113, 13.6, 13.7. 13.8.

### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 2**

#### **Country Narrative**

Hospitals within our national territory that serve as training centers must be accredited by national entities that establish national competencies and are approved by MESCyT medical education department. They must be approved by these instances.

The main objective of this level is to initiate the student in the required knowledge, practices and problem solving techniques that present themselves throughout the practice of medicine. Training will include direct, on hand experiences involving patient care under the direct supervision of the medical school's instructors.

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. The student must be guaranteed an active participation at all times in all hospital procedures.

This level also includes public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, prevention and Socio-economic factors pertaining to health and disease.

Students will receive basic instruction in all required courses.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency, chronic, continuous, preventive and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

Clinical Sciences will consist of two stages: Pre Internship and Internship,

#### **A. Pre-Internship**

During period of training will never be less than one calendar year. The student will receive instruction in theory, laboratory and practice of all courses pertaining to this level of training. Besides theory the student will be initiated in hospital practice as a pre-intern.

Minimum subject content is as follows:

Internal Medicine:

Cardiology, Neurology, Endocrinology, Hematology, Neonatology, Infectious, Radio diagnostics, Nephrology, Rheumatology, Gastroenterology and Image Diagnostics, Psychiatry, Oncology-Clinical Hematology.

Surgery:

General and Vascular Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otorinolaringology.

Psychiatry:

Gynecology and Obstetrics

Pediatrics and Neonatology

During Pre-Internship the student will receive a minimum 32 weeks of actual hospital assistance experience.

## B. Internship

This second stage of the third level of studies is identified as Internship or Hospital Rotation. It will be a minimum of 1 calendar year.

Hospitals, medical centers clinics or other facilities public or private for student internship at national or international level must have the approval of MESCYT's medical department before training is offered.

Medical schools may make arrangements for internships outside the national territory. However, they must meet previously the following requirements:

1. An agreement or contract must be made by the school and the training facility, in writing, that explicitly states in detail the content of such agreement.
2. Hospitals that offer training in areas not part of the national territory must have proper authorization from their governmental authorities to offer such training and must also meet the criteria of MESCYT prior to implementation of the agreement or contract.
3. Training programs at these facilities require previous approval. The agreement or contract must clearly state and define the character and requirements of training to be offered.
4. The university will receive a complete student evaluation of his performance

during training.

5. Family (Social Medicine) rotation will only be approved in the constraints of our national territory.

During this phase of studies the student will be engaged in a full time schedule of hospital work, assigned to specific areas for a specific period of time and under the supervision of a professor/instructor/teacher/coordinator that is part of the staff of the university.

The student will rotate during his internship through the following areas with the minimum specified time of experience:

Internal Medicine 12 weeks  
Surgery 10 weeks  
Pediatrics 8 weeks  
Psychiatry 6 weeks  
Gynecology and Obstetrics 8 weeks  
Family [Social Medicine] 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum. Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum.

Requirements are stated in the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic, Chapter 13, 13.6 to 13.8

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

See Exhibit II, Chapter 113, 13.6, 13.7. 13.8.

### **Analyst Remarks to Narrative**

The country's standards document requires clinical experience in the following disciplines: Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 3**

#### **Country Narrative**

The student will be trained in initial patient procedures, including clinical history, physical examination, and preliminary diagnostics. This includes instruction and first hand experience that includes all organ systems that include aspects of acute, chronic, continuing, preventive and rehabilitative care. The student is guaranteed an active participation at all times in all hospital procedures.

This level also includes public health subjects that provide the student with the necessary knowledge and skills applicable to epidemiology, prevention, and Socio-economic factors pertaining to health and disease.

Experience and instruction will be provided in actual patient care at the ambulatory and hospital stages and will include the important aspects of emergency, chronic, continuous, preventive and rehabilitation care.

This level of studies will include the following subjects; Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, and Social Science.

See Exhibit II, Chapter 113, 13.6, 13.7, 13.8.

#### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country's requirements for clinical experience appear to be comparable to



that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 4**

#### **Country Narrative**

See response to #1 of this section.

#### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

Chapter 13.6 of the standards document states that the primary objective of the clinical experience is to, "introduce students with the knowledge, approach and solution to problems arising in the course of medical science. The teaching and learning experiences should include direct experiences in the care of the patient under the supervision and guidance of the schools of medicine." Students are to be instructed in the preparation of the first patient, including medical history and physical examination; as well as the preliminary diagnosis.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 5**

#### **Country Narrative**

See response to #1 of this section.

#### **Analyst Remarks to Narrative**

Chapter 13.6 of the country's standards states that clinical experience should include, "training and experience in direct patient care, in the ambulance as well as in the hospital environments, and should include important aspects of acute, chronic, continuing, preventive, and rehabilitation care."

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.3: Clinical Experience, Question 6**

#### **Country Narrative**

See response to #1 of this section.

#### **Analyst Remarks to Narrative**

Chapter 13.6 of the standards document states that the primary objective of the clinical experience is to, "introduce students with the knowledge, approach and solution to problems arising in the course of medical science. The teaching and learning experiences should include direct experiences in the care of the patient under the supervision and guidance of the schools of medicine." Students are to be instructed in the preparation of the first patient, including medical history and physical examination; as well as the preliminary diagnosis.

The country's requirements for clinical experience appear to be comparable to that of U.S. medical education.

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### **Subsection 4.4: Supporting Disciplines**

#### **Country Narrative**

During this phase of studies the student will be engaged in a full time schedule of hospital work, assigned to specific areas for a specific period of time and under the supervision of a professor/instructor/teacher/coordinator that is part of the staff of the university.

The student will rotate during his internship through the following areas with the minimum specified time of experience:

Internal Medicine 12 weeks  
Surgery 10 weeks  
Pediatrics 8 weeks  
Psychiatry 6 weeks  
Gynecology and Obstetrics 8 weeks  
Family [Social Medicine] 6 weeks

Total duration time of the internship [Hospital Rotation] is 52 weeks

Each course must be clearly stated including time and distribution of the academic load on a weekly basis.

The curriculum will offer elective courses as additional help in the learning process. These courses must be stated and defined in the curriculum.

Requirements are stated in the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic, Chapter 13, 13.6 to 13.8

### **Analyst Remarks to Narrative**

As stated in the country's narrative and stipulated in the standards document, the Dominican Republic's clinical science component is divided into a pre-internship and internship stage. Pre-internship is one calendar year in length and includes preparation in the following areas: internal medicine, surgery, psychiatry, gynecology and obstetrics, and pediatrics and neonatology.

The internship component is 52 weeks and includes rotations in surgery, pediatrics, psychiatry, gynecology and obstetrics, and family/social medicine.

The country did not specify the country's requirements for diagnostic imaging and clinical pathology, though the standards state that students shall receive basic instruction oriented to primary care in all required fields.

The country's requirements for supporting disciplines appear to be comparable.

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### **Subsection 4.5: Ethics, Question 1**

#### **Country Narrative**

This is found in Chapter 24, Professional and Confidentiality Code of Conduct

Medical Schools will train and educate their students on ethical principles and conduct that is inherent to a medical doctor. He will be knowledgeable, respectful of his code of ethics that will guide him throughout his life. This is an integral part of our medical training.

### **Analyst Remarks to Narrative**

Chapter 24, titled, "Confidentiality Code and Professional Secret" of the country's standards, states the following, "Confidentiality and medical secret is part of the contract executed between the health personnel and the patients. The School shall teach the students about fulfillment of this ethical duty, which is inherent to the career of medicine and needs to be taught and practiced since the beginning of the student's formation at the health centers."

It is not clear from this provision whether schools are required to teach medical ethics and human values. As translated, this section appears to speak only to physician-patient confidentiality. Department staff needs more information regarding the country's requirements for teaching medical ethics and human values.

## **Country Response**

It is required in the Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, in Chapter 8, item D:

“To forge a medical professional who is knowledgeable about and respectful of the code of ethics and who manifests a sense of and capacity for leadership in his community.”

Furthermore, also in Chapter 13, paragraph 12 we require:

“In conjunction with the need to form a professional with skills that guarantee appropriate performance towards the community, the study program should, besides the contents about the knowledge pertaining to medicine, contemplate aspects of bioethics, communication skills, health networks, medical management skills and the economics of health, social and community work as well as new technologies applied to medicine and research.”

## **Analyst Remarks to Response**

The agency has cited the applicable section of law that requires the medical curriculum to include the instruction of bioethics.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.5: Ethics, Question 2**

### **Country Narrative**

From his first day of attendance to the medical school and until his graduation day, our medical students are subject to continuous observation and evaluation. Medical Schools must offer course relating to humanities and medical ethics. This is presented in Chapter 9 and 10 of the norm (standards) for the approval and accreditation of medical schools of the Dominican Republic

### **Analyst Remarks to Narrative**

The section of the standards referred to in the country's narrative has to do with the admissions profile of a student coming into medical school. This section does not speak to how medical schools ensure instruction in medical ethics and human values. Department staff could not locate courses outlined in the standards relating to humanities and medical ethics.

Department staff needs more information regarding the country's requirements for instruction in medical ethics and human values.

## **Country Response**

Privacy and medical confidentiality are part of the contract that is established between health professional and the patients.

The Medical School instructs its students about compliance with this ethical duty, which is inherent in the medical career and must begin to be taught and practiced from the initial formative stage of students in health centers.

During the Evaluation process of Schools of Medicine (accreditation), it was evidenced that all the study programs contemplated a subject dealing with ethics.

See Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic.

### **Analyst Remarks to Response**

The country has indicated in its narrative that medical ethics and human values are embedded throughout the medical program curriculum, and, in the previous section, has provided the curricular requirement.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.6: Communication Skills, Question 1**

#### **Country Narrative**

Medical Schools are responsible for curriculum design and should insure that fundamental principles of medicine as well as the acquisition of career basic skills are taught, as well as communication skills , critical judgment based on evidence and use of experience to promote health, prevent, handle and solve those problems that are inherent to the field.

The curriculum includes 6 credits for Spanish course and twelve credits for English that promotes a professional that are able to communicate in more than one language.

Chapter 12, Curriculum Structure states: “Medical Schools must include in their curriculum medical fundamental principles, development of basic communication skills, critical judgment, based on evidence and experience to promote

#### **Analyst Remarks to Narrative**

Chapter 12 of the standards does state that a medical school is responsible for designing a curriculum that includes, among other areas, teaching of communication skills.

The country's requirements appear to be comparable to that of U.S. medical education.

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## **Subsection 4.6: Communication Skills, Question 2**

### **Country Narrative**

Throughout his studies the student will make presentations through which he will make use of his communication skills that are subject to his evaluation process.

### **Analyst Remarks to Narrative**

It is not readily apparent from the country's response and documentation that medical schools are required to have programs in place to monitor and evaluate the success of the instruction of communication skills.

Department staff needs more information regarding medical school programs that monitor and evaluate the success of the instruction in communication skills.

### **Country Response**

Our Country Standards for the Approval and Regulation of Schools of Medicine in the Dominican Republic require that the programs of study must include at least six credits in subjects that develop communication skills. The Basic Science Cycle must include subjects with content pertaining to the doctor-patient relationship. The objective is specifically to develop skills for establishing effective communication between doctor and patient.

Chapter 12, paragraph 1: "The School of Medicine is responsible for designing a curriculum which must include instruction of the fundamental principles of medicine as well as the acquisition of the abilities and basic skills necessary for the performance of their careers such as: communication skills, critical thinking based on evidence, the use of experience to promote, prevent, and solve programs inherent to the issues."

Our country standards document, chapter 13, paragraph 17 and 18, it states:

"Medical education possess diverse interaction modalities for lecturing tasks by professors or tutors, whose purpose is to facilitate instruction so that the student can acquire his knowledge; furthermore, the instructor must foster self-study and a permanent aptitude towards life continuing learning.

Teaching and learning strategies used by Medical Schools, such as problem-based learning (PBL), the use of standardized patients, simulated scenarios, cooperative learning, among others, promote the continuous development and evaluation of students' communication skills.

Medical schools evaluate the successful instruction in communication skills by means of student presentation of diverse topics during class participation, use of rubrics, and objective testing designed by professors, examination and short

quizzes.

### **Analyst Remarks to Response**

The agency has stated in its response that medical schools evaluate the successful instruction in communication skills by requiring student presentation, and other tests and rubrics. Communication skills are assessed under this standard outlined in Chapter Thirteen of the country's documentation.

Staff Conclusion: Comprehensive response provided

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### **Subsection 4.7: Design, Implementation, and Evaluation, Question 1**

#### **Country Narrative**

See Chapter 13, Curriculum. The norm (Standards) for the approval and accreditation of medical schools presents in Chapter 13.1, curriculum the following:

The curriculum must be designed by adopting curricular models recognized by international medical education.

The design will be defined by levels or stages that should be offered in order and execution.

MESCYT ha establish a minimum content for each of these stages that all universities must adhere to. These are:

Pre-Med must integrate general studies in different knowledge areas such as;

#### **CREDITS COURSES**

8 Behavioral Sciences

8 Organic Chemistry

8 Inorganic Chemistry

8 Physical Sciences

8 Biological Sciences

8 Social Sciences (Universal, Dominican History) Economy

8 Mathematics

6 Spanish

12 English

1 University Orientation

3 Scientific Methodology

12 Elective Courses

90 TOTAL CREDITS

PRE-MED: Required Laboratories

1. Physics

2. Biology

3. Chemistry

## BASIC SCIENCES

All medical program curriculums must include the following content; Anatomy, Biology, Molecular, Biochemistry, Embryology, Histology, Physiology, Genetics, Immunology, pathology, Behavioral Science, Public Health, Preventive Medicine, Epidemiology, Semiology, Patient Doctor Relations, Physiopathology, Pharmacology, Therapeutics, Basic Life Support.

### BASIC SCIENCES: Required Laboratories

1. Physiology and Pharmacology

2. Histology

3. Pathological Anatomy

4. Microbiology and Parasitology

5. Human Anatomy

6. Biochemistry

7. Genetics

## CLINICAL SCIENCES

This stage requires instruction on Internal Medicine, Pediatrics, Psychiatry, Gynecology and Obstetrics, Surgery, Family Medicine, Social Work.

Clinical Sciences should be divided by stages identified as Pre-internship and Internship.

### PRE-INTERNSHIP

The duration of this stage will never be less than one calendar year . The student will receive theoretical instruction on all subjects or courses with a variable credit load (credit-hour). In addition to theoretical instruction the student will be initiated in practical hospital work as a pre-intern.

Course content to be taught at this stage is as follows;



Internal Medicine:

Cardiology, Neurology, Endocrinology, Neumology, Iffecciosa, imagery, Nephrology, Rheumatology, Gastroenterology, Psychiatry, Gynecology Clinical Hematology.

Surgery:

General Surgery, Urology, Traumatology and Orthopedics, Ophthalmology, Otolaryngology.

Psychiatry

Gynecology Obstetrics

Pediatrics Neonatology

During pre-internship the students must attend, distribute and complete a minimum 32 weeks of hospital work.

Bioethics at work as content and central element.

### 13.8 INTERNSHIP

This is the second stage better known as Internship Rotations. It must be a minimum of one year of instruction

Internship Rotations and their specific time are:

#### COURSE WEEKS

Internal Medicine 12

Surgery 10

Pediatrics 8

Psychiatry 6

Gynecology / Obstetrics 8

Social, Communitary and Family Medicine 8

TOTAL 52

### **Analyst Remarks to Narrative**

As stated in its narrative, the country has a prescribed medical school curriculum to include requirements that lead to the Doctor of Medicine after five years.

These requirements include a premed general studies program, basic science courses, clinical science course, pre-internship phase, and internship.

The country's requirements under this section appear to be comparable to U.S. medical education.

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Universities are required to have an institutional development plan where they must demonstrate its continuous self evaluation process, set goals and objectives for each instance and then measuring its outcomes. This is assessed during accreditation visits.

### **Analyst Remarks to Narrative**

As stated in its narrative, the country does require medical schools to have its own system for evaluating the effectiveness of its curriculum. These are stipulated under Chapter 14 of the country's standards. Medical schools must demonstrate this through an institutional development plan that is assessed during accreditation visits.

The country's requirements under this section appear to be comparable to U.S. medical education.

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

All medical programs must have faculty representation for self study, evaluation, changes and determinations since schools all medical schools answer to MESCYt as to regulations and to CONESCyt for authorization. These to instances are responsible for the Quinquennial Accreditation evaluation through an independent division

### **Analyst Remarks to Narrative**

It is not clear from the country's narrative or documentation, the role of the school faculty in the curriculum evaluation process.

Department staff needs more information regarding the faculty's role in the curriculum evaluation process.

### **Country Response**

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

“This internal evaluation system must include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects”.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs. Chapter VII, art. 47.

The role of the faculty must be included in the regulations of the academic staff of each Institution of Higher Education.

See Regulations for IES Professors.

### **Analyst Remarks to Response**

The country has provided the applicable regulations that require faculty participation in the school's internal evaluation system.

Staff Conclusion: Comprehensive response provided

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## **Subsection 4.7: Design, Implementation, and Evaluation, Question 4**

### **Country Narrative**

All medical programs must have faculty representation for self study, evaluation, changes and determinations since schools all medical schools answer to MESCYt as to regulations and to CONESCYt for authorization. These to instances are responsible for the Quinquennial Accreditation evaluation through an independent division

### **Analyst Remarks to Narrative**

The country's curriculum requirements are prescribed in the standards document. As stated in its narrative, a Commission of CONESCYT evaluates how a medical school complies with the prescribed curriculum. However, the country's narrative does not sufficiently specify what is entailed in the curriculum evaluation process.

Department staff needs more information regarding the faculty's role in the curriculum evaluation process.

### **Country Response**

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

This internal evaluation system should include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects.

In its Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Article 47, the MESCYT establishes a procedure for evaluating said studies.

“This internal evaluation system must include the effectiveness of the teaching and learning processes, the relevance of the program, and the coherence of the curriculum, among other aspects”.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs. Chapter VII, art. 47.

The syllabi for the subjects are submitted for evaluation and/or revision every three years. The coordinator for every major or program will be responsible for said evaluation.

### **Analyst Remarks to Response**

The agency has responded that it requires schools to have a process by which it evaluates the curricula and medical program every three years, and that faculty must be included in that process. The country has provided the applicable regulation that provides for this requirement.

Staff Conclusion: Comprehensive response provided

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 1**

### **Country Narrative**

Admissions requirements for a medical program must be in accordance with the requirements established in the regulations for Higher Education Institutions though these do not exclude other requirements for information by the university.

Students entering a medical program at premedical level will have a high school diploma and those entering the program at Basic Science level require the approval of a premedical program or a Bachelors degree in natural science. in both instances a 2.5 average is required.

### **Analyst Remarks to Narrative**

Chapter 9 of the country's standards specifies a medical student admissions profile that, "a medical student should meet conditions, such as: intelligence, integrity, sense of duty, high degree of humanitarianism, service-oriented attitude, capacity to manage critical situations, respect for life, and ability to perform work in a team environment, research direction, and adherence to ethical, moral principles and values." The documentation does not describe what methods medical schools should adopt to measure these criteria, and the country's narrative does not provide sufficient detail of where provisions for

medical school admission can be found.

Department staff needs more information and supporting documentation regarding the country's admissions requirements.

### **Country Response**

The government establishes, by means of the Document of Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, Chapter 15, item 15.1, the admission requirements.

The Ministry of Higher Education, Science and Technology, MESCYT, contemplates the requisites for entrance into, permanence in, and exit from the National System of Higher Education in Law 139-01 pertaining to Higher Education and the regulations for Institutions of Higher Education, Chapter III.

In the aforementioned Regulations, Chapter IV, which is about the creation, organization, functioning, and closing of an institution of higher learning, article 19, item C, the requirements made by the MESCYT to Institutions of Higher Education are presented. In this specific item, there is a requirement of the presentation of academic regulations.

The academic regulations of each Institution of Higher Education that offers a degree in Medicine are contained in the admission requisites.

In Law 139-01, in its Chapter VI, art. 59, the MESCYT establishes the application of an initial diagnostic test for orientation and measurement previous to entrance to higher education.

Among the requisites for admission established by educational institutions, you may find the application of the SAT (to high-school graduates entering pre-med.) and the MCAT (for those interested in entering the medical school.)

See Law 139-01

See Regulations for Institutions of Higher Education, (IES) Chapter III, art. 19.

### **Analyst Remarks to Response**

It appears from the country's response and documentation that it requires schools to use a "diagnostic test" as part of the admissions process. The country does not dictate the type of test an institution may use, but entrance into medical school may include the SAT and the MCAT. It is not clear what other tests an institution might employ for medical school admission, nor is it clear from the country's response how it evaluates an institution's diagnostic test.

Staff Conclusion: Additional Information requested

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## **Subsection 5.1: Admissions, Recruiting, and Publications, Question 2**

### **Country Narrative**

They must be exact and truthful, with adequate presentation that allows for a well informed decision by who ever receives it.

### **Analyst Remarks to Narrative**

The country's narrative does not sufficiently specify where provisions for medical school admission can be found.

Department staff needs more information and supporting documentation regarding the country's medical school admissions requirements.

### **Country Response**

The government establishes, by means of the Document of Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, Chapter 15, item 15.1, the admission requirements.

The Ministry of Higher Education, Science and Technology, MESCYT, contemplates the requisites for entrance into, permanence in, and exit from the National System of Higher Education in Law 139-01 pertaining to Higher Education and the regulations for Institutions of Higher Education, Chapter III.

In the aforementioned Regulations, Chapter V, which is about the creation, organization, functioning, and closing of an institution of higher learning, article 19, item C, the requirements made by the MESCYT to Institutions of Higher Education are presented. In this specific item, there is a requirement of the presentation of academic regulations.

The academic regulations of each Institution of Higher Education that offers a degree in Medicine are contained in the admission requisites.

In Law 139-01, in its Chapter VI, art. 59, the MESCYT establishes the application of an initial diagnostic test for orientation and measurement previous to entrance to higher education.

Among the requisites for admission established by educational institutions, you may find the application of the SAT (to high-school graduates entering pre-med.) and the MCAT (for those interested in entering the medical school.)

See Law 139-01

See Regulations for IES, Chapter III, art. 19.

### **Analyst Remarks to Response**

The country has provided the applicable section of its regulations that refer to the country's requirements for medical school admissions. It is not evident from the regulations or the country's response that it has standards for how a medical school promotes its educational program. More information is needed regarding the country's requirements for how a medical school promotes its educational program in order for Department staff to make an assessment under this section.

Staff Conclusion: Additional Information requested

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

All students in the Dominican Republic have the right to see and review their records.

#### **Analyst Remarks to Narrative**

The country's narrative does not sufficiently specify where provisions for access to student academic records can be found.

Department staff needs more information and supporting documentation regarding the country's requirements for student academic records.

#### **Country Response**

Each Institution of Higher Education should have an office of the Registrar which will be the office designated for emitting certifications pertaining to the academic status of students.

Student Records are protected by Dominican Law with special attention given to the right to privacy. This law is very similar to the United States Right to Privacy law. Unauthorized persons cannot have access to student records.

In the regulations for the Regulations for Evaluation and Approval of Undergraduate and Degree Programs document by the MESCYT, Chapter III: Regarding the Students, article 25 states, "students should be notified of their academic status previous to their registering in the next academic period."

These institutions possess administrative systems and programs that allow students to access their grades by means of the institutional intranet simply by using their personal passwords.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III; art. 25.

Nevertheless, the Office of the Registrar of the institutions should provide

physical copies of academic records to students and graduates.

### **Analyst Remarks to Response**

The agency has provided the applicable regulations of the MESCyT that require students to be notified of their academic status prior to registration for the subsequent academic period.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.1: Admissions, Recruiting, and Publications, Question 3**

#### **Country Narrative**

The Dominican Republic, just like the United States, guarantees in its constitution the rights of students to confidentiality better known as the “Right to Privacy”.

The requirement is also included in Law 139-01 of 2002

The university must guarantee the right to privacy of all student records (as it is guaranteed in our constitution and public law.

Students have access to inspect their records at all times. Previous notification is required so that the registrar can make the arrangements to insure compliance with the student’s request.

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#### **Analyst Remarks to Narrative**

The country did not provide a copy of the law referred to in its narrative. Department staff could not verify what laws govern student access to records and the confidentiality of student records.

Department staff needs more information and supporting documentation regarding the country's requirements for student access to records.

#### **Country Response**

Each Institution of Higher Education should have an office of the Registrar which will be the office designated for emitting certifications pertaining to the academic status of students.

Student Records are protected by Dominican Law with special attention given to the right to privacy. This law is very similar to the United States Right to Privacy law. Unauthorized persons cannot have access to student records.



In the regulations for the Regulations for Evaluation and Approval of Undergraduate and Degree Programs document by the MESCYT, Chapter III: Regarding the Students, article 25 states, “students should be notified of their academic status previous to their registering in the next academic period.”

These institutions possess administrative systems and programs that allow students to access their grades by means of the institutional intranet simply by using their personal passwords.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III; art. 25.

Nevertheless, the Office of the Registrar of the institutions should provide physical copies of academic records to students and graduates.

### **Analyst Remarks to Response**

In its narrative, the country has referred to its right to privacy law under which the confidentiality of student records is protected. The country did not provide a copy of this law for Department staff to review. More information is needed regarding the confidentiality of student records.

Staff Conclusion: Additional Information requested

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## **Subsection 5.2: Student Achievement, Question 1**

### **Country Narrative**

Our norm (standard) States in Chapter 13, 13.1 curriculum paragraphs 13 and 14 and we quote; Student outcomes

All schools of medicine will establish their evaluation system for each course in accordance to the characteristics and nature of each area. Evaluation must be continuous and accumulative and must be in accordance to the evaluation policy of the university.

Pre-med and Basic Science evaluation should give priority to student progress in accordance to the development of the program and the results of pre-established norms for evaluation a examination.

Clinical Science evaluation will be collected in a form that specifies the different aspects of cognition and non cognition learning of importance that should be evaluated in a student at that level.

The medical school will publish and make readily available the names of the members of its faculty, its standards, procedures, methodology and evaluation

criteria, satisfactory progress policy and graduation requirements.

### **Analyst Remarks to Narrative**

As stated in the country's narrative, requirements by which medical schools are to evaluate student achievement are outlined in Chapter 13 and include the following criteria:

The achievements of students expressed as learning objectives shall be evaluated.

Evaluation should be designed to reflect the learning achieved in an integral manner, specifically in the transition from basic sciences to clinical sciences and after completing the clinical sciences and/or internship.

The Schools of Medicine should establish their evaluation system for every subject according to the features and particularities of each area. The evaluation should be cumulative, as well as appropriate and consistent with the general policies of the university.

Should promote formative and summative assessments.

Auto-assessment processes should also be incorporated with which the student can be able to know the level of their learning.

In the areas of pre-med and basic sciences the performance of the student should hold the first place according to the development of the program and the results of the pre-established evaluations or exams.

Schools of Medicine must establish a test to evaluate students at the conclusion of basic sciences and prior to graduation.

A system for evaluating the achievement of students to include direct observation, and student feedback.

The country prescribes general criteria by which medical schools must demonstrate how they evaluate student achievement.

The country's requirements for student achievement appear to be comparable to that of U.S. medical education.

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### **Subsection 5.2: Student Achievement, Question 2**

#### **Country Narrative**

Not Applicable

## **Analyst Remarks to Narrative**

The country provides general national requirements that medical schools may meet in a variety of ways.

The country's requirements for student achievement appear to be comparable to that of U.S. medical education.

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## **Subsection 5.2: Student Achievement, Question 3**

### **Country Narrative**

All universities as well as medical schools must have an ongoing Institutional Development Plan as required by our norm (standard) in Chapter 19, Administrative Academic Structure, paragraph 8.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as “Pasantía”. This is a one year service that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate’s final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCYt and CONECyt are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school’s probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 65%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time it is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

### **Analyst Remarks to Narrative**

As stipulated in its standards document and narrative, the country does not have a national licensing examination. The narrative describes a requirement of a post-graduate internship prior to award of the Doctor of Medicine degree; this was not verifiable in the documentation. However, the narrative states that the postgraduate year is used to track the performance of graduates.

The narrative further states that medical schools must maintain a 65% passing rates for foreign students whose home countries require a licensure exam. Schools must also maintain and track student retention.

Department staff needs more information supported by documentation, regarding how the country uses the post-graduate internship as a way of evaluating graduate performance. More information is needed in general regarding student performance outcome measures.

### **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

To access a Medical Internship Program, the general practitioner must submit to the National Medical Internship Exam.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

### **Analyst Remarks to Response**

The country has provided the applicable laws that apply to the postgraduate internship. According to the country's narrative, graduates must successfully complete an internship in order to earn a license to practice medicine. Graduates may become eligible for the internship if they submit to the National Internship Exam which is used by the country to evaluate the effectiveness of medical schools' preparation of graduates. The country has established a 60% passage rate for the exam; institutions that fall under that rate must be evaluated by the agency. The agency did not provide supporting documentation of the rates of its institutions, but stated in its narrative that all institutions met the established rate. More information is needed regarding how the internship exam is applied to the country's medical degree candidates.

Staff Conclusion: Additional Information requested

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## **Subsection 5.3: Student Services**

### **Country Narrative**

All students will have easy access to all necessary services that insure quality training and education.

The medical school must have a counseling department headed by psychologists and professional councilors that offer their services to the student community when in need of this service. Schools will give attention to the students as individuals and shall facilitate to the maximum intellectual and professional development, such as counseling, tutoring and financial assistance. The student should be provided medical services, periodic physical exams and clinical care if necessary.

Regulations should also contemplate the responsibilities and rights of the students, as well as the basic principles governing student life. Students should be polled for information regarding the schools and teacher's performance.

### **Analyst Remarks to Narrative**

The country's standards document stipulates that, "Necessary facilities shall be available to the students to ensure a formation with quality." Additionally, the standards state that students be provided with a counseling department operated by psychologists and professional counselors.

Chapter 20 of the standards also states that students are to know the school's academic provisions/regulations and that these be available in printed and/or electronic format.

There are no other provisions in the standards document for debt management counseling, career counseling, student records, or procedures for students to challenge their records.

Department staff needs more information regarding the country's requirements for student services.

### **Country Response**

The document Norms for the Approval and Regulation of Schools of Medicine in the Dominican Republic, Chapter 16: Infrastructure, Minimal Facilities, states in its first chapter:

"The institution of higher education to which the School of Medicine belongs must make available buildings and equipment that are quantitatively and qualitatively adequate to provide the environment and instruments that lead to a quality education."

Among the required facilities are a cafeteria, a library, an auditorium, meeting rooms, a recreation area, and a university store, and others.

In its Regulations for Evaluation and Approval of Undergraduate and Degree

Programs, Chapter III, art. 21, the MESCYT requires:

Additionally, that the universities offer financial assistance services and professional and vocational advice by means of specialized departments, such as orientation, the dean of students, and the office of financial and, among others.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter III, art. 21.

### **Analyst Remarks to Response**

The country has provided the applicable section of its regulations that require institutions to offer financial assistance services and professional and vocational advice by means of specialized departments, orientation, dean of students, and an office of financial aid, for example.

Staff Conclusion: Comprehensive response provided

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### **Subsection 5.4: Student Complaints, Question 1**

#### **Country Narrative**

MESCYT rules and regulations state in Chapter XIII, a, the following:

It is the responsibility of MESCYT to assure compliance of all higher education institutions with all standards, rules and regulations, receive, hear and resolve all claims by beneficiaries (students) and make recommendations to the Council (CONESCYT) for corresponding sanction(s), if any.

All Dominican Higher Education Institutions are required to have a published complaint policy.

#### **Analyst Remarks to Narrative**

Department staff could not locate the rule cited above in the country's narrative, nor the requirement regarding a published complaint policy. Additionally, the country did not provide a response as to how it enforces these policies.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

#### **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Education, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Education. Said department receives student complaints and channels them to the corresponding offices.

### **Analyst Remarks to Response**

Though the country has provided for a process of submitting and adjudicating student complaints in its narrative, it is not clear whether the country has written procedures. Department staff also could not locate the sections of the regulations referred to in the country's narrative.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 2**



## **Country Narrative**

Yes they are. They are investigated to the outmost consequences. Students are informed of this recourse by the institutions where they study.

## **Analyst Remarks to Narrative**

The country did not provide any documentation to support its narrative response. The narrative response itself is not sufficient to provide an understanding of the country's process for investigating student complaints against medical schools.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

## **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher

Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

### **Analyst Remarks to Response**

Though the country has provided for a process of submitting and adjudicating student complaints in its narrative, it is not clear whether the country has written procedures. Department staff also could not locate the sections of the regulations referred to in the country's narrative.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 3**

#### **Country Narrative**

The schools procedure consists of the following process:

1. The student presents a complaint. He is given a hearing, his complaint is recorded in writing.
2. An investigation is made according to the circumstances of each complaint.
3. A meeting is held separately with each party
4. A determination is made.

MESCyT, Medical Department:

1. The student presents a written and signed complaint.
2. He is given a hearing and his presentation is recorded in writing.
3. An investigation is made according to the circumstances of each complaint.
4. A meeting is held separately with each party
5. A determination is made.

#### **Analyst Remarks to Narrative**

The country did not provide any documentation to support its narrative response. The narrative response itself is not sufficient to provide an understanding of the country's process for investigating student complaints against medical schools.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

#### **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

### **Analyst Remarks to Response**

The country states that it requires medical schools to have written procedures for investigating student complaints, but did not provide any supporting documentation. It is not clear whether the country has written procedures for investigating student complaints pertaining to medical schools.

Staff Conclusion: Additional Information requested

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### **Subsection 5.4: Student Complaints, Question 4**

## **Country Narrative**

There have been four complaints this year.

1. Two different group of students attending Universidad Central del Este (UCE) complained that the university was requiring USMLE, Step1 approval as a requirement for internship. Students complained that this was not in the school's student regulations at the time they entered the medical school. Our investigation determined that the university had indeed given prior notification and it was included in the medical school student regulations prior to their admittance. Therefore the decision of the MESCyT Medical Department was in favor of the university.

2. A group presented a complaint to the Ministry of Higher Education, Science and Technology that they were not accepted to clinical sciences because they had not been vaccinated. After we heard both parties it was determined that Universidad Tecnológica de Santiago (UTESA) was in compliance with MESCyT's regulation requiring vaccination of medical students prior to admittance to clinical science.

3. A group of students from Centro Universitario del Nordeste (CURNE) and Centro Universitario Regional de Santiago (CURSA) complained against CONECyT's determination to approve premed studies at these facilities but denied accreditation and/or approval to offer medical program basic science or clinical science at these facilities. The Accrediting Commission after hearing all parties determined that the Accrediting Commission acted within regulations and standards of accreditation when it denied UASD's two new extensions CURSA and CURNE recognition. Therefore it determined that the complaint was without merit.

We have not received any complaints that merit action to review a higher education accreditation or authorization at MESCyT or CONESCyT or the Accrediting Agency but if any instance should arise that demonstrate a clear violation or repetitive violations of our norms (standards), rules or regulations, both its accreditation and its authorization to offer programs could be cancelled.

## **Analyst Remarks to Narrative**

Though the country has not provided documentation for this section, it has described three examples of student complaints and their resolution in the past year.

However, in the absence of codified procedures, Department staff could not verify how the country evaluated complaints in accordance with its written procedures.

Department staff needs more information regarding the country's requirements for how medical schools must address student complaints.

## **Country Response**

Every university must have a published complaint procedure that conforms to Mescyt requirements and the Norms for Medical Schools.

Each school can design their process in accordance to its criteria and norms but at a minimum it must meet the requirements of our regulating agencies.

The required process includes a responsible entity for receiving the complaint, the hearing process, appeals process and the student has the right to appeal before Mescyt if not satisfied with the outcome.

At the MESCYT, there is a Direction of Academic Control which is responsible for supervising strict compliance with the constitution and the Law of Higher Learning, Science and Technology, the regulations that stem from it, as well as the regulatory statutes and norms of institutions of higher learning, science, technology and innovation.

It also watches out for the correct application of procedures relative to claims and demands of users with respect to abiding by the law and existing regulations.

See Organizational and Functional Regulations of the SEESCYT, Chapter XIII, art. 35, Letters F and J.

The MESCYT document, the Regulations for Institutions of Higher Education, in its chapter IV: The creation, organization, functioning and closing of Institutions of Higher Learning, in article 19, indicates that the institution should present to the MESCYT a project that complies with several requirements, among them the Academic Regulations and the Student Regulations.

Within the Student Regulations of Institutions of Higher Education, the part dealing with students and disciplinary aspects is contemplated.

Furthermore, there is a Department of Student Services in Institutions of Higher Learning. Said department receives student complaints and channels them to the corresponding offices.

See university student regulations.

## **Analyst Remarks to Response**

The agency has not responded directly to the requirements under this section and has not provided information regarding the types of student complaints it has received or the results of the investigation of those complaints.

Staff Conclusion: Additional Information requested

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#### **Subsection 5.4: Student Complaints, Question 5**

##### **Country Narrative**

We have not received any complaints that merit action to review a higher education accreditation or authorization at MESCyT or CONESCyT or the Accrediting Agency but if any instance should arise that demonstrate a clear violation or repetitive violations of our norms (standards), rules or regulations, both its accreditation and its authorization to offer programs could be cancelled.

##### **Analyst Remarks to Narrative**

The country states that if in its review of student complaints it finds a medical school has been found to be out of compliance with CONESCT's standards, it would find cancel the accreditation and authorization of the school's programs.

The agency does have provisions for the revocation of a medical school's ability to operate in its Law 139-01.

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#### **Subsection 6.1: Finances, Question 1**

##### **Country Narrative**

Law 139-01 of Higher Education, Science and Technology states in Chapter X, Higher Education, Science and Technology Financing, articles 89 and 90 states:

Article 89: Higher education shall be adequately financed by society to guarantee its extent, pertinence, quality and allow access and permanency to all those that qualify, based on their merits, capacity, and efforts. Also efforts must be made to finance and promote the development of investigation that allows creative generation of knowledge and the incorporation of scientific and technological productive efforts in benefit of social and economic development at a local level, regional and national level.

This financing resource should be directed to both demand and offer and shall be sustained by an agency, transparency, efficacy, and clear accounting.

ARTICLE 90: Both the state and the private sector are the foundation of higher education, science and technology financing. The Dominican state is responsible for public higher education financing as well as it will contribute towards private higher education financing.

##### **Analyst Remarks to Narrative**

As stipulated in the country's authorizing law for higher education, science and technology, and the country's narrative, higher education is financed by the state and the private sector. Public higher education is financed by the state and the state also contributes to the financing of private higher education. The country did not provide additional information in its narrative regarding the financing of private institutions.

Department staff needs more information regarding the country's requirements for financing medical schools, particularly for private institutions.

### **Country Response**

To evaluate an educational program that has been submitted for approval of the MESCYT, institutions must provide a financial feasibility study and a budget, which are utilized to determine if the resources necessary to cover the costs of the educational programs are available and if they correspond to the nature of the projects.

Furthermore, the institutions should present all the resources and facilities that will serve as support to the presented program.

See Regulations for Institutions of Higher Education, Chapter IV

### **Analyst Remarks to Response**

According to the agency's response, institutions must provide a financial feasibility study and budget for review and approval by the MESCYT. There is no other written guidelines of the criteria the MESCYT uses to evaluate the finances for private institutions. Department staff is still not clear on how the MESCYT evaluates finances for private institutions.

Staff Conclusion: Additional Information requested

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## **Subsection 6.1: Finances, Question 2**

### **Country Narrative**

This is determined by the medical school through its internal consulting process, investigation, dialogue and determination. This includes faculty participation. Once completed and approved by the authorities of the University it is presented to MESCYT who will pass judgment and determine whether it's approved or not.

### **Analyst Remarks to Narrative**

The country did not attach documentation to this criterion and did not provide sufficient detail in its narrative response regarding its process for authorizing the size and scope of an educational program.

Department staff needs more information regarding the country's requirements for financing of medical schools.

### **Country Response**

To evaluate an educational program that has been submitted for approval of the MESCYT, institutions must provide a financial feasibility study and a budget, which are utilized to determine if the resources necessary to cover the costs of the educational programs are available and if they correspond to the nature of the projects.

Furthermore, the institutions should present all the resources and facilities that will serve as support to the presented program.

See Regulations for Institutions of Higher Education, (IES), Chapter IV.

### **Analyst Remarks to Response**

The country has provided the applicable regulations that gives the MESCyT the authority to decide on the size and scope of an educational program.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.2: Facilities, Question 1**

### **Country Narrative**

The higher education institution who owns the medical school must have adequate facilities and equipment that are quantitative and qualitative in sufficient numbers to provide the instrument and environment conducive to quality education.

Minimum required facilities are:

1. Administrative offices
2. Faculty administrative offices.
3. Adequate classrooms. (Comfort, lighting, ventilation, audiovisual facilities, etc..)
4. Premed, basic science laboratories.



5. Admissions department and committee.
6. Registrar
7. Cafeteria
8. Library.
9. Auditorium or meeting room facilities.
10. Bioterioum and/or simulated programs.
11. Passive rest areas, areas for non-academic activities.

#### Required Laboratories.

1. Physics.
2. Biology.
3. Chemistry.
4. Physiology and pharmacology.
5. Histology.
6. Pathological anatomy.
7. Microbiology and Parapsytology.
8. Human Anatomy.
9. Biochemistry.
10. Genetics.

Each laboratory must have the facilities and equipment necessary to do the experiments and demonstration of different areas of the course. They use of simulators and software is recommended. Each laboratory must have a laboratory manual that describes work be performed for each of the courses taught.

#### **Analyst Remarks to Narrative**

The requirements described in the country's narrative are outlined in Chapter 16 of its standards. The standards prescribe required facilities, including laboratory space, and ensure that medical schools have adequate facilities and equipment and an environment conducive to quality education.

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#### **Subsection 6.2: Facilities, Question 2**

#### **Country Narrative**

Minimum determination is made by CONESCyT and MESCyT in consultation with medical schools, health authorities, and national needs.

### **Analyst Remarks to Narrative**

Facilities requirements are stipulated in the standards and are therefore, part of the country's review for approval of medical schools.

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### **Subsection 6.3: Faculty, Question 1**

#### **Country Narrative**

Medical schools must have a minimum 5% full-time faculty. Faculty must be sufficient in size and quality will insure quality education at all times

### **Analyst Remarks to Narrative**

Faculty requirements are outlined in Chapter 19 of the country's standards. The standard includes a requirement that professors are people with, "moral, intellectual, academic, and ethical values selected according to the training regulations of each institution." The standard also requires that 5% of the teachers at the school should be working full-time.

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### **Subsection 6.3: Faculty, Question 2**

#### **Country Narrative**

All faculty members will possess the necessary training and experience to teach those courses assigned to them. The documentation proving their qualifications will be kept in their record at all times.

All faculty members shall be under contract clearly stating their duties, responsibilities as well as their rights.

Medical school faculty must be persons of moral character, intellectual, academic, and ethical stature that are elected in accordance with the academic regulations of each institution.

The school must have an up-to-date registry for all its faculty members that includes their curriculum, subjects taught, experience and contract time. Faculty must evidence training and curriculum that justify the subjects taught.

### **Analyst Remarks to Narrative**

The country did not attach any supporting documentation and Department staff could not verify the country's requirements regarding the qualifications for the appointment of faculty.

Department staff needs more information supported by documentation,

regarding its requirements for the qualifications and appointment of faculty.

### **Country Response**

Higher Education, Science, and Technology. Law 139-01, and its regulations contain and describe the requirements related with the faculty of Institutions of Higher Learning. See Regulations for Institutions of Higher Education, (IES), Chapter VII, Concerning Institutions of Higher Learning, Art. 49, 50, 51, 52, and 53.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter IV: Pertaining to The Faculty, art. 26 to 35.

The Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic, in Chapter XIX, item 19.1, describes the requirements.

See Standards for the Approval and Regulation of Schools of Medicine of the Dominican Republic

### **Analyst Remarks to Response**

The country has provided the applicable regulations that require faculty to be composed of "duly qualified professionals to meet the responsibilities of their jobs." According to the regulations, faculty are required to have a more advanced degree of the level they teach, and a minimum experience of two (2) years within their area of expertise.

It appears that the agency does not have comparable standards for faculty that apply specifically to medical school faculty.

Staff Conclusion: Comprehensive response provided

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### **Subsection 6.3: Faculty, Question 3**

#### **Country Narrative**

Medical school faculty must be persons of moral character, intellectual, academic, and ethical stature that are elected in accordance with the academic regulations of each institution.

Medical schools must have a minimum 5% full-time faculty.

They institution must have written regulation and criteria that explicitly outlines faculty responsibilities and rights

#### **Analyst Remarks to Narrative**

The country's response does not provide sufficient detail regarding the prevention of personal and professional conflicts of interest by the faculty. Though the country has a standard for the moral character of faculty members, the country did not provide examples regarding how this standard is applied to medical school faculty.

Department staff needs more information regarding the country's requirements for conflicts of interest for medical school faculty.

### **Country Response**

The MESCYT, in its Regulations for Institutions of Higher Education, IES, Chapter IV, article XIX, requires that universities have Regulations for Professors that describe explicitly the procedure for hiring, retaining, promoting, and regulating compliance. This is where we legislated to prevent conflict of interest for the medical school faculty.

(See Regulations for Institutions of Higher Education, (IES), Chapter IV, Article XIX, Copy of Regulations for IES Professors).

### **Analyst Remarks to Response**

According to the country's response, conflict of interest for medical school faculty are controlled for by general provisions applying to the integrity of institutions, for example, that, "Institutions of higher education shall have the duty of promoting values and attitudes intended for the fulfillment of the human being, which shall maintain in their premises a suitable climate for the exercise of teaching, acquisition of knowledge and development of ethical awareness, while ensuring that nearby environment is protected under a socio-moral environment, and physical environment, assisting the optimal development of the academic activities."

It does not appear that the country has specific conflict of interest provisions that apply directly to the personal/professional circumstances of medical school faculty.

Staff Conclusion: Comprehensive response provided

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## **Subsection 6.4: Library**

### **Country Narrative**

The medical school library must be in compliance with minimum standards, parameters, and requirements. They must have sufficient actualized volumes, collections, periodicals, text books, magazines, medical journals, prestigious medical publications and reference books in sufficient quantities to serve the student population. All subjects must be represented throughout the library

periodical collection. In addition, it must subscribe to electronic databases related to health sciences with adequate facilities for student participation.

The library should offer computer based facilities with connections to national and international internet. Medical school libraries must offer Internet connections to national and international metadata information resources. It must be equipped with audiovisual resources for use by faculty, instructors and students. The library must offer its services for a minimum six days a week with night and daily timetables.

The library must have sufficient qualified professional personnel for its operations and service to students at all times. The library must be accessible to all academics as well as students.

Higher education institutions and medical schools must have a budget that evidences its continuous investment in new titles and the acquisition and implementation of new resources.

Library facilities will be available to all students and will be of sufficient size to service at least 25% of the student population of the university, school or department.

### **Analyst Remarks to Narrative**

The country's requirements for library facilities are stipulated under Chapter 16 of its standards. The standard acknowledges the importance of a quality library with collections of sufficient volumes, updated medical journals, and health science electronic databases. Libraries must have sufficient resources and professional staff; the institution must also show - as a budget line item - investments in new titles and resources to the medical school library.

The country's requirements for a medical school library appear to be comparable to that of U.S. medical education.

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### **Subsection 6.5: Clinical Teaching Facilities, Question 1**

#### **Country Narrative**

Universities must have available hospital facilities whether at the national level or international level in order to have a medical program approved. The school must be able to present at all times and agreements with hospitals that include the formation and follow-up process of the student soon to be Dr. The relationship between the school and hospital must be clearly defined. These agreements with hospitals must be where the faculty of the school is part of the hospital personnel.

Hospital must have adequate facilities for student training.

It is preferred that the hospital offer residency programs in those areas that students are making their rotations. Clinical facilities may be primary attention centers, second, third, and four specialized level centers of specialized attention.

Hospital facilities at a national level must include the faculty of the medical school that will be responsible for the students training, supervision and evaluation. The medical school's structure and program must be applied.

Hospital facilities at international level must recognize the medical school's structure and program insuring its application. This also includes the school's faculty.

Hospitals at international and national level must be given a written program with the objectives of each rotation clearly stating each experience the student must undergo.

All students must be uniformed all of their obligations and rights. Students will be subject to evaluation at the end of each rotation. Evaluation must be clearly defined and must take into account all aspects of the rotation that apply to the exercise.

It must be recognized that the relationship between the hospital and medical school is indispensable for the program object DVD and effectiveness.

Students will have access to hospital centers with general and specialized medical services. It should also include primary attention and ambulatory medicine for a thorough formation.

Clinical facilities that have been defined as training areas must have them available at all times for student participation. Medical schools and hospitals must have facilities that include internal medicine, gynecology, obstetrics, surgery, pediatrics, psychiatry, primary care, ambulatory care.

### **Analyst Remarks to Narrative**

The country's narrative states that affiliation agreements between schools and hospitals are required. The relationship between the school and the hospital must be clearly defined and schools must provide these documents to the CONESCT for approval. The country did not provide any documentation to support its response describing the process by which the CONESCT approves the agreements as part of its review.

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## **Subsection 6.5: Clinical Teaching Facilities, Question 2**

### **Country Narrative**

Each medical school is required to have sufficient qualified personnel to supervise clinical rotations and practice. The accrediting agency in turn must verify that the school has fulfilled its obligation.

### **Analyst Remarks to Narrative**

Chapter 18 of the country's standards outlines requirements for clinical facilities that include, facilities that fulfill the criterion for a teaching hospital; offer programs of medical residencies; employ university teachers; provide student access to hospital centers for specialized and general primary healthcare; provide students posts in internal medicine, ob/gyn, surgery, pediatrics, psychiatry, outpatient attention, and basic health care.

The inclusion of this criterion in the country's standards suggests that CONESCT verifies whether the school meets the standard.

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## **Part 3: Accreditation/Approval Processes and Procedures**

### **Section 1: Site Visit, Question 1**

#### **Country Narrative**

Our Medical Education Department's mission is the process of accreditation in accordance to our laws, rules, regulations, and standards. The Medical Education Department must visit the institution before it presents to CONESCyT its findings for their review. CONECyT makes the final determination on whether to accredit, differ or refuse accreditation.

Accreditation of our medical schools is an integral process that combines self evaluation, verification, evaluation, assessment, and measuring qualitative improvements.

Integral evaluation is based on the assumption that the results of Self Evaluation processes are easily and rapidly verified by institutional visits by external reviewers. There is another dimension in our integral evaluation that is no less important.. This is the extent in which the institution directs its evaluation process towards social requirements for health services and concrete results of its graduates contribution to community needs.

School evaluation is a process that analyzes the institution's educational process as a whole from admissions to graduation as well as graduate performance.

### **Analyst Remarks to Narrative**

The country subsequently provided a sample site visit report to verify its site review process as part of its accreditation review. The sample report is attached below. The report suggests that a follow-up visit was conducted to the school on June 18, 2008 after findings of noncompliance. The report is a culmination of that visit and demonstrates the school's remedies for the findings of non-compliance; however, it is not a report based on a comprehensive evaluation under all of the country's standards. Department staff could not verify the country's approval process for medical schools in the absence of a comprehensive site visit report. Though the agency attached a sample visiting team evaluation form, the form is a blank form and does not demonstrate how the country applies its standards for medical schools.

Department staff needs more information supported by documentation regarding the country's requirements for conducting site visits and approving medical schools.

### **Country Response**

The MESCYT, complying with the existing norms, carries out field inspections within the framework of the accreditation process. Said visits are substantiated by the reports, described in the attached form, which allows for the application of standards in the Schools of Medicine.

During the field inspections, interviews with key officials are carried out, self-evaluation reports are verified, and the separate campuses are surveyed.

Visits are made to the clinical facilities utilized by the School of Medicine, both nationally and internationally.

The evaluation and accreditation process is included as part of our response

For these inspections, a guide that indicates the questions to be asked and the areas to be observed is used.

See Visit Reports.

### **Analyst Remarks to Response**

The country has not provided sufficient documentation for Department staff to make an assessment under this section. The country has provided the same report that it submitted to Department staff - and that is attached to its original petition - but in different formats. It is still not clear from the document that the country's approval process includes a thorough comprehensive site visit review.

The country has also attached site visit guidance, but the documentation is for an accrediting agency in the United States. Department staff is concerned about



the integrity of the country's documentation given that it has provided procedures from an accrediting agency as evidence of its medical school approval process.

Staff Conclusion: Additional Information requested

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## **Section 1: Site Visit, Question 2**

### **Country Narrative**

The accreditation visit encompasses the main school and all its branches. (if any) . This includes hospitals where the institution's students practice or make their internship rotations.

### **Analyst Remarks to Narrative**

The country has not provided sufficient documentation to verify that its on-site reviews encompass the main campus of the medical school, any branch campus, or any other additional locations operated by the medical school, as well as all core clinical clerkship sites affiliated with the medical school. The country has attached a brochure that describes the accreditation process, the documentation does not evidence how the country applies its standards with regard to on-site reviews.

Department staff needs more information supported by documentation regarding the country's requirements for conducting site visits and approving medical schools.

### **Country Response**

Our accreditation process is ongoing and schools are subjected to unannounced visits at least once a year. As the committee has been informed throughout the years of the Dominican Republic's recognition (Since 1997). There are also follow up visits that take place during the accreditation cycle to ensure that all concerns are addressed and continue to be addressed. There can be visits due to student, personnel and other complaints. The accrediting agency has a policy of continuous follow-up.

We include a report of visits to national and international clinical facilities.

### **Analyst Remarks to Response**

It is not clear from the report that the country has provided with its response that the country's site visits encompass the main campus of the medical school, any branch campus or campuses, and any other additional location or locations operated by the medical school.

## **Section 2: Qualifications of Evaluators, Decision-makers, Policy-makers**

### **Country Narrative**

Due to the importance and nature of the great responsibility that convey their determinations it is necessary that the evaluation process be made by medical education experts, medical school administration experts, specialists in finances, registrars office, academics, admissions, who act as CONECyT reviewers and contributors. These experts must have a minimum five years experience in their field. Also our specialists are evaluators and reviewers specially trained, knowledgeable of the requirements, law, rules and regulations that apply to education as well as our standards of accreditation. They are members of our Dominican Medical Association and contributors of our Public Health Agencies.

### **Analyst Remarks to Narrative**

The Regulations of the National Board for Higher Education, Science and Technology attached to the country's petition under the heading "Standards," designates the membership of CONESCyT by individuals qualified by education and experience. Membership includes representation from higher education associations, professors, students, staff, representatives from the technology sector, and others. However, the country did not provide any documentation regarding the training of these individuals.

Department staff needs more information supported by documentation regarding the country's requirements for the training of its site visitors.

### **Country Response**

The Technical Evaluators that participate in this process possess the required competency with respect to the needs of the evaluation process.

The evaluators possess a Curriculum Vitae that complies with the nations requirements. Most are Medical Doctors, or medical Specialists while others are trained members of the Mescyt Staff

For instructional purposes, a document about the process is presented to the evaluators and a workshop is carried out to train them previous to initiating the process.

See instructions.

### **Analyst Remarks to Response**

The documents that the agency has provided are written procedures for an accrediting agency in the United States. Department staff is concerned regarding the integrity of the country's documentation given that it has provided procedures for an accrediting agency as evidence of the country's own approval process for medical schools.

Staff Conclusion: Additional Information requested

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### **Section 3: Re-evaluation and Monitoring, Question 1**

#### **Country Narrative**

Our rules and regulations specify a Quinquennnial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1993 as Decree Number 1255 and the resulting laws and regulations are presented as part of this document

The Dominican Republic accreditation process requires periodic revision where accredited institutions must evidence continuing compliance with accreditation standards. At any given moment accredited institutions may be visited without previous notice. One to five visits a year are possible depending on the accreditation period granted by CONESCyT. However, the responsibility of the Dominican state is to provide knowledgeable, competent Medical Doctors that can exhibit with distinction their skills anywhere in the world in the process of alleviating human suffering requires a constant communication between the accredited entities and their accrediting agency. Our Accrediting Agency also requires an annual report of the school's outcomes.

#### **Analyst Remarks to Narrative**

The documentation that the country provided states that accreditation reviews occur every five years. The follow-up site visit report that the country provided suggests that visits may occur even more frequently if schools are found to be out of compliance with the country's standards.

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### **Section 3: Re-evaluation and Monitoring, Question 2**

#### **Country Narrative**

Though institutions may be accredited for periods of up to five years, the accrediting agency will visit the institutions at least once a year to insure their continuing privileged compliance with accreditation standards. Schools must provide an annual report on student admission, retention, graduation , licensing and residency.

This process of unannounced visits may differ in nature that may require special

annual, specific, progress reports about some area that requires particular attention such as follow up on findings, accreditation directives or determinations and other.

### **Analyst Remarks to Narrative**

The country states in its narrative that site visits may be conducted at least once a year to ensure continuing compliance as a function of the country's monitoring of medical schools. However, the country did not provide any documentation of its monitoring, nor any sample annual reports that it receives from medical schools.

Department staff needs more information regarding the country's monitoring mechanisms, particularly documentation evidencing its use of annual reports.

### **Country Response**

The MESCYT develops a chronogram of annual visits to follow up on the Schools of Medicine. The monitoring is carried out and based on the findings of the evaluation process, which produces a field report about the functioning and compliance with the standards and according to the Norms for Approval and Regulation of Schools of Medicine.

A visitation form duly stamped and signed by the Medical School authorities and the evaluators who are carrying out the inspection, is filled out.

See visit report

As to an annual report given our follow-up system the annual report is a statistical report as to admissions, retention, graduation, licensing examination and residencies.

### **Analyst Remarks to Response**

The country has not provided a sufficient response or supporting documentation to this section.

Staff Conclusion: Additional Information requested

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## **Section 4: Substantive Change**

### **Country Narrative**

All changes to curriculum content must be notified and approved by MESCYT. Changes must be made within the requirement set forth in the norm (Standards)

### **Analyst Remarks to Narrative**

Though the country has written requirements for curriculum that are codified in its standards document, the country did not attach and Department staff could not verify, any additional documentation that states that all changes to curriculum content must be approved by MESCyT.

Department staff needs more information regarding the process by which MESCyT collections substantive change requests such as changes to curriculum content.

### **Country Response**

Institutions of Higher Education, Science, and Technology require that important changes in study programs comply with what is established in Law 139-01 and regulations referent to Study Programs.

The IES remits, by means of a letter, the proposed changes for revision and/or approval by the MESCYT.

Once the suggested changes are reviewed, they are presented to the National Council of Higher Education, Science, and Technology, which emits a resolution of approval or rejection.

The Direction of Academic Control of the MESCYT, once the changes of the study program are approved, receives and registers the changes that are presented so that they are taken into consideration when student certifications are emitted.

See Regulations for Evaluation and Approval of Undergraduate and Degree Programs, Chapter VII, Art. 46, paragraph 1

### **Analyst Remarks to Response**

The agency has provided the applicable section of the regulations that require institutions to inform the MESyCT of changes and improvements. The agency has described in its narrative how these regulations are implemented, but has not provided written procedures.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 1**

### **Country Narrative**

The Dominican Republic is a democracy whose administrative, educational, economic, etc. policies require processes that assures justice for all its citizens, visitors and non nationals that live in our nation. It is for this reason that we have a non discrimination policy. We make a scrupulous and detailed selection process of all personnel involved in the accreditation process and with even greater care those that are involved in the decision making process. This insures a just decision, free of conflicts that may impede an objective decision.

School evaluation is by a committee of experts in medical education who acts as advisors to MESCYT and CONESCyT. These experts must be medical doctors and proven educators with a minimum five year experience. Also included are technicians of the Secretary of State for Higher Education, Science and Technology. These are specially trained evaluators of required regulations, procedures and administration. Also included are Members of the Dominican Medical Association. These must be medical doctors and delegates of the Secretary of Public Health. These are medical doctors and public health administration specialists.

### **Analyst Remarks to Narrative**

The country's narrative does not specify where conflict of interest provisions may be found, or how the country applies its standards to avoid conflicts of interest. The country's accreditation brochure for site visitors however, states that institutions have the opportunity to request a different team member if there is a question of conflict of interest. The brochure further states that visiting team members have an obligation to, "consider whether they have connections with a particular program or institution that might make it inappropriate for them to serve on the evaluation team." Department staff could not verify the conflict of interest protections for decision-makers.

Department staff needs more information regarding conflict of interest provisions and procedures for decision-makers.

### **Country Response**

The Ministry establishes a conflict of interest provisions during the screening and recruiting process of our evaluators. Also our Institutions of Higher Education receive notification of the names of its evaluators previous to the visits to campuses. Said notification allows the institutions to verify that the assigned evaluators have no professional ties to the universities.

As a policy to assure quality and confidentiality, the MESCYT establishes contracts between the institution and the evaluators.

See evaluator contracts.

### **Analyst Remarks to Response**

The agency has not provided a clear or sufficient response regarding its country's policies regarding bias or conflict of interest by persons involved in the accreditation evaluation and decision-making process. Given the documentation that the agency has attached elsewhere in its response, Department staff calls into question the integrity of the accreditation brochure attached under the country's original response to this section of its petition.

Staff Conclusion: Additional Information requested

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## **Section 5: Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

The evaluation of a medical school is done in an integral manner, which consists in a combined process of self-evaluation, contrasting verification of information and assessment of qualitative improvement" integral evaluation supposes that the results of a self-evaluation process can be easily and quickly verified, through direct visits made by external evaluators. Another dimension of integral evaluation that is no less important is its relation with the context and the sphere of influence (Cruz Cardona, 1991). This latter dimension, in referring to a school of medicine, orients the evaluation process towards social requirements for health services and also towards the concrete results attained by the graduates of the school in terms of satisfaction of community needs.

The accreditation process is the result of the contribution of many experts who have no economic, professional or any other kind of relation with the schools they review, whose determination is reviewed by a peer group of knowledgeable educators. Their decisions to accredit or not to accredit are based on conscientious review through majority vote.

### **Analyst Remarks to Narrative**

In its narrative, the country describes a process of peer review by qualified individuals in the medical field, a restriction that does not allow experts to have economic, professional, or any other kind of relation with the schools they review; the country also acknowledges majority vote as contributing to a system that ensures consistent accreditation reviews. However, the agency did not provide any documentation to support its narrative.

Department staff needs documentation that supports the country's process for approving medical schools.

### **Country Response**

Law 139-01 requires that only a previously established and authorized University can request approval of a medical school.

The University must submit a project that at a minimum demonstrates it meets Mescyt requirements as well as Norm for the approval of medical schools. It must demonstrate its fiscal stability, need for the new school, that it possesses the knowledge, resources and facilities that ensure adequate training.

The project is reviewed and studied by Mescyt personnel and a preliminary report is drawn. A visit is made to the University to verify its facilities and the information presented to Mescyt. The report is drawn from that visit and a copy is sent to the University. Then the University has the opportunity to respond to the report. Mescyt's report and the school response is presented to CONESCYT who will approve, disapprove or defer the university's request. If denied or deferred the University has a right to appeal.

If approved the school must be able to pass accreditation on the third-year of its operations. If denied accreditation the school is ordered to close operations.

### **Analyst Remarks to Response**

The country still has not provided documentation to support its original narrative regarding the process of peer review by qualified individuals in the medical field.

Staff Conclusion: Additional Information requested

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## **Section 6: Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

Our country's laws, rules, and regulations require the Ministry of Higher Education, Science and Technology to make a thorough revision and evaluation every five years (Quinquennial Evaluation) of all Dominican higher education entities. This revision is required by Presidential Decree # 1255 of 1983 as stated by its resulting rules and regulations. This establishes the requirement that every five years higher education entities must undergo a self evaluation, revision, analysis and evaluation process to determine its outcomes, criteria, goals, and objectives within the framework of its mission.

The process initiates with a self study that must include all components of the institution. Our Self study is a process in which the institution evaluates its performance, execution and compliance in terms of its mission, objectives, goals, state laws, rules and regulations, accreditation standards. This Self Study is sent to the Ministry of Higher Education, Science and Technology. Dominican Universities must send their medical school self evaluation to the Ministry of Higher Education, Science and Technology (MESCyT), Medical School Department where it is distributed to the visiting team for their review prior to the



school visit. The Visiting Team then establishes its evaluation visit plan and visits the school on the appointed date. The visiting team visits and reports on its findings and the institution is given the opportunity to review and respond to the findings. MESCyT Technical Department Specialists will then review the team visit report and the school's response and make appropriate recommendations to the commission as to the areas that require attention, documentation or additional visits for further verification.

MESCyT Medical Department may require additional information, make additional recommendations to CONESCyT, suggestions as to areas that may require a very special attention. CONESCyT will review all reports and make final determination at the accreditation meeting. If the institution is not in agreement with CONESCyT's determination it may appeal the determination. In this instance, a panel will be appointed to hear the institution's appeal and will make final determination.

### **Analyst Remarks to Narrative**

In its narrative the country provided a summary of its accreditation review process. The country's process is stipulated in regulation and the Ministry makes the final decision regarding accreditation decisions. The country has also provided a site visitor brochure that serves as a guide for site visitors on the standards, and a sample template that site visitors may use to ensure that they are evaluating medical schools based on the country's standards.

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## **Section 6: Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

Universities must submit an annual report. This report is from July 1st to June 30th of the following year. The report is a detailed presentation of the school's crossover students, admissions, withdrawals, graduates and licensing exams results. The information regarding graduate outcomes is part of the evaluation process to determine accreditation.

Institutions are required to make an annual report that is used as part of our continuous evaluation to ensure that at a minimum accreditation standards are met at all times.

### **Analyst Remarks to Narrative**

It is unclear from the country's narrative response, what criteria the country uses to evaluate the performance of medical school graduates. Though the narrative states that it collects annual reports from medical schools that have data regarding students, admissions, withdrawals, graduation rates and licensing exam results, the narrative does not speak to how actual performance of medical school graduates is measured.

Elsewhere in this petition, the country referred to a post-graduate internship year in which medical school graduate performance is measured. However, the country did not provide any documentation regarding the criteria used to measure graduate performance. Department staff needs more information regarding the country's requirements for measuring medical school graduate performance.

## **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

To access a Medical Internship Program, the general practitioner must submit to the National Medical Internship Exam.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

See Listing of Evaluations at universities.

The MESCYT is currently working on requirements that must be needed by the Schools of Medicine when evaluating the performance of its graduates.

### **Analyst Remarks to Response**

The agency has provided the authorizing law and more information regarding the country's requirements for a post-graduate internship which it uses to measure graduate performance. The country has stated that schools are required to maintain a 60% passage rate on the exam, and that its recent review of such statistics show that all medical schools were above the threshold. Previously the country stated that schools are also required to submit retention data and licensure exam results. It is still not clear, nor did the country include in its response, how it uses these data along with the post-graduate internship exam to measure graduate performance.

Staff Conclusion: Additional Information requested

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## **Section 6: Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

Our rules and regulations specify a Quinquennial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1983 as Decree Number 1255 and the resulting regulations required. It establishes the requirement for a self evaluation to determine the achievements of the university (College, School), and the criteria, goals and objectives of the institution in the light of its mission.

The institution initiates the process by completing a self-study report based on the input of its components. Self study is a process by which a school seeks to determine how it is meeting the standards. The self study and appropriate documentation is sent to MESCyT where reviewed and it is distributed to a visiting team. MESCyT visiting team studies the report and visits the school to review and verify the results of the self-study of the university. A report is made of this visit and the university is given time to respond to the findings of the visiting team. The school responds to the findings of the visiting team. MESCyT technical personnel review these reports, verify areas that require documentation or verification and make appropriate recommendations to complete the self-study process, or to request further information or make recommendations' to the Accrediting Commission. The Accrediting Commission reviews the reports and makes a determination. If the school disagrees with the findings of the Commission and/or its determinations it can appeal. A panel is named by MESCyT to hear the appeal and its determination is final.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as "Pasantía". This is a one year service

that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate's final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCyT and CONECyT are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school's probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 66%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

## **Analyst Remarks to Narrative**

The country's response to this section is unclear. The country states in its narrative that it does not use a licensing exam and therefore, does not measure student success based on licensure pass rates. Instead, the country states that it monitors and measures graduate performance through the post-graduate internship. The country did not offer additional information as to how it measures the success of these graduates through the post-graduate internship. The country also did not attach relevant documentation to this section.

However, the country's narrative states that it requires a 65% passage rate on licensing exams offered outside the Dominican Republic for foreign students. Though the country stated in its narrative that it requires schools to maintain a 66% retention rate, previously, under Subsection 5.2 of Section 2, the agency stated that the retention rate was 65%.

Department staff could not analyze the country's use of student performance outcome measures under this section due to a lack of documentation and information. The country must provide more information and supporting documentation under this section.

### **Country Response**

After completing all the requisites of the study program for Medicine, the student receives the degree of Doctor of Medicine. To obtain the medical license that authorizes the practice of medicine, a medical internship of one year in the public health network must be completed.

Said internship constitutes an in-service learning program that allows the participants to demonstrate during their training.

Once the year of medical internship is completed satisfactory, the Dominican Government awards a license that authorizes the practice of medicine in the Dominican Republic.

(See Pasantia (Internship) Laws 146, 148, which modifies the main document and adds a third paragraph in article 1 of Pasantia (Internship) Laws 146, 148 concerning THE MEDICAL INTERNSHIP OF RECENT GRADUATES).

To access a Medical Internship Program, the general practitioner must submit to the National Medical Internship Exam.

To access a Medical Residency Program, the General Practitioner must submit to the National Medical Internship Exam. This test is taken by about 85% of the graduates who are able to receive their license as general practitioner.

The National Residency exam is used as a measuring stick to determine the effectiveness and to evaluate how medical schools prepare graduates for providing competent medical care. If a school is found to have less than 60% passing rate a revision and evaluation process will be undertaken by the Accrediting Agency.

The most recent statistics published jointly by the Department of Medical Residencies and Ministry of Health demonstrates that all our universities, including foreign graduates have met the minimum.

(See the Pasantia (Internship) Laws 146, 148)

During the internships, the Schools of Medicine will employ instruments to evaluate the students' competence to determine if they have developed the knowledge, skills, and abilities established by the academic program.

See Listing of Evaluations at universities.

The MESCYT is currently working on requirements that must be satisfied by the Schools of Medicine when evaluating the performance of its graduates

### **Analyst Remarks to Response**

In its original submission, the country has stated that its requirements for medical schools was a retention rate of 65%. The country now states that its requirements include a 60% passage rate on the postgraduate exam. It is unclear whether the country's requirements for student performance outcome measures include one or both of these measures, nor has the country provided supporting documentation.

Staff Conclusion: Additional Information requested

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### **Outstanding Issues**

**Provide information about what the CONEA is and its relationship with the Secretary of State for Higher Education, Science and Technology, the entity responsible for evaluating medical schools within the Dominican Republic.**

### **Country Narrative**

We have no idea what is CONEA. If by chance this is a misspelling of CONES that would be a previous name of MESCYT, (Ministry of Higher Education, Science and Technology).

### **Analyst Remarks to Narrative**

Excerpts from the spring 2009 NCFMEA meeting transcript are attached and reflect references to an accrediting committee and "CONEA." These two entities were referred to in the country's current submission as well, which did not help to clarify the operations and functions of the entity responsible for evaluating medical schools within the Dominican Republic. The country has also recently changed titles from a "Secretary" of State Higher Education to a "Minister" of

Higher Education, with some documentation reflecting the change and others not, which have also contributed to a lack of clarity.

Department staff currently understands that the MESCyT is the entity responsible for evaluating medical schools within the Dominican Republic, with the arm of the CONESCT, or the National Board for Higher Education, assuming the delegated responsibility and the conduct of the accrediting activities for final approval by the MESCyT.

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**Provide performance data for students enrolled in medical education programs who took the United States Medical Licensing Examination (USMLE) Step 1, Step 2, or the Puerto Rico Board examination for medical students by year for the different universities and how the country's accreditation body intends to analyze and evaluate those pass rates. Also, include the number of students who are enrolled in medical education program, but who did not take the USMLE or Puerto Rico Board examination by year for the different universities.**

### **Country Narrative**

Our rules and regulations specify a Quinquennnial (every 5 years) review and evaluation of all Institutions of Higher Education. This review was initiated in 1983 as Decree Number 1255 and the resulting regulations required. It establishes the requirement for a self evaluation to detetmine the achievements of the university (College, School), and the criteria, goals and objectives of the institution in the light of its mission.

The institution initiates the process by completing a self-study report based on the input of its components. Self study is a process by which a school seeks to determine how it is meeting the standards. The self study and appropriate documentation is sent to MESCyT where reviewed and it is distributed to a visiting team. MESCyT visiting team studies the report and visits the school to review and verify the results of the self-study of the university. A report is made of this visit and the university is given time to respond to the findings of the visiting team. The school responds to the findings of the visiting team. MESCyT technical personnel review these reports, verify areas that require documentation or verification and make appropriate recommendations to complete the self-study process, or to request further information or make recommendations' to the Accrediting Commission. The Accrediting Commission reviews the reports and makes a determination. If the school disagrees with the findings of the Commission and/or its determinations it can appeal. A panel is named by MESCyT to hear the appeal and its determination is final.

Dominican Republic graduates must undergo an additional internship after graduation. This internship is identified as "Pasantía". This is a one year service that must be given to the state before the graduate can be certified as a doctor. During this period the student graduate completes subject to peer supervision and evaluation its required service to the state. At the end of this period the

graduate is granted his medical privilege as medical doctor. Failure to provide appropriate service can be sufficient cause for denial of the student graduate's final authorization. We do not use a licensing exam and therefore we do not measure student outcomes based on licensing exam success. However our system correlates to the licensing system used by the United States and other countries. We assess graduate success for a full year under working conditions. Schools servicing foreign students are expected to maintain a minimum 65% passing rate on licensure exams offered outside the Dominican Republic. In this instance, the Dominican Accrediting Agency is empowered to take corrective action which can lead to loss of accreditation. If graduates of a school are assessed as not being able to meet the competency criteria MESCyT and CONECyT are empowered by law to take corrective action. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the licensing criteria the school is ordered to provide a plan to improve graduate quality. The school's probation is extended for one year. During this probation period the school will be subject to continuous unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. Other requirements may be made according to the circumstances of each instance. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the licensing criteria the program is normally cancelled. The school may appeal the determination of the accrediting agency at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities.

Retention. We require medical schools a minimum retention of 66%. Schools that fail to meet the criteria are placed on probation for a period of one year. During this time he is considered to be an accredited institution in good standing. If at the end of the second year the school does not meet the retention criteria the school is ordered to provide a plan to improve retention. His probation is extended for one year. During this probation period the school will be subject to unannounced visits and periodic reporting. During this time the school may be limited in the addition of new facilities, programs and or admissions. If the school fails to meet the criteria a third time its program will not be able to admit students for a period of one year and the end of which if it has not satisfied the retention criteria the program is normally cancelled. The school may appeal any of the determination at the end of each assessment period if it can demonstrate reasonable impediments beyond their control (such as natural disasters, fire, etc), unusual circumstances, events beyond human possibilities,

In our country, Though it has a system that correlates to the United States, is not a carbon copy and therefore has it finds most difficult to assess outcomes of its schools based on national terms and at the same time satisfy other criteria that does not necessarily answers to our needs, educational system or its own realities. A good faith effort is taking place to find the ground where our system



satisfies the concerns of the United States system

#### Retention and Licensing Chart

See included PDF

#### **Analyst Remarks to Narrative**

The country has provided a spreadsheet with data on enrollment and student retention patterns at medical schools in the Dominican Republic. The spreadsheet also displays numbers regarding student pass rates for the USMLE. However, it is unclear from the chart, what the three different columns represent; no years were provided and it is unclear as to whether the three different exam pass rates represent three consecutive medical school graduate cohorts, and if so, from which academic years.

#### **Country Response**

SEE ENCLOSED STATISTICS

#### **Analyst Remarks to Response**

The agency has provided a table with what appears to be enrollment data for its medical schools and the number of students who sat for the various licensing exams. It is not clear which column is associated with which exam, nor did the country describe how its accreditation body intends to analyze and evaluate pass rates on the licensure exams.

Staff Conclusion: Additional Information requested

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**Provide residency placement data for those students who graduated from medical education programs and entered into graduate medical education positions by year for the different universities.**

#### **Country Narrative**

None

#### **Analyst Remarks to Narrative**

The attached spreadsheet does not provide residency placement data.

#### **Country Response**

SEE ENCLOSED DOCUMENT

**Analyst Remarks to Response**

The document that the country provided in its response appears to only apply to enrollment and licensure exam information. Department staff could not find information regarding residency placement data.

Staff Conclusion: Additional Information requested

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